N. B.-Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

| County Allegany 21000 | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| VIIIage or City Sumbaland (No. 62 1/21, Marian Thomas | Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male. White. 6 SINGLE, MARRIED, WIDOWED OR DIVORCED MANIEL. 6 DATE OF BIRTH Jehnary 29th, 1848. | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from peloting, 1915, to 28, 1915, 191 |
| TAGE (Blonth) (Day) (Year) (Age) (Day) (Year) (Age) (Age) (Blonth) (Day) (Year) (LESS then 1 day, Age, ars. OR 20, min.? (Blonth) (Day) (Year) (Age) (Blonth) (Day) (Year) (Age) (Blonth) (Day) (Year) (Age) (Blonth) (Day) (Year) (Year) (Age) (Blonth) (Day) (Year) (Year) (Age) (Blonth) (Day) (Year) (Age) (Blonth) (Day) (Year) (Age) (Blonth) (Day) (Year) (Age) (Blonth) (Day) (Year) (Age) (Blonth) (B | and that death occurred on the date stated above, at 4.30 m. The GAUSE OF DEATH * was as follows: **The GAUSE OF DEATH * was |
| BIRTHPLACE (Btate or country) 10 NAME OF FATHER STATE OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER | Contributory Secondary (Signed) State the Dibrase Causino Dwath, or, in deaths from Violent Causes, state (1) Means of Injunt; and (2) whether Accidental, Suicidal or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Infermant) (Address) (Address) 15 DEC 3 0 1919 Filed. PEGI=-RIR | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death yre. mee. de. State, yre. mee. de. Where was disease sealracted, if not at place of death? Former or usual residence. 19 FIRE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS |
| If more blanks are needed, address State Registral, | 15 W. Saratoga St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulthe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer write None. Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in the second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal schichaemia," "Puerperal peritonitis," etc. State cause for which genital," "Senile," ctc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronon Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the "Anacmia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" Struck Always qualify all diseases resulting from childby railway train-accident; Revolver wound "Atrophy," "Exhaustion," ("Con-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be proporly olassified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING RESERVED FOR WRITE PLAINLY, WITH UNFADING INK-THIS IS MARGIN V. S. No. 1.

| Village or City Trostong (No. 2 FULL NAME Mary atte | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9 St.; Ward) St.; Ward) [If death occurred in a hesplitat or institution, give its MAME instead of street and number.] |
|---|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Jemale Thite (Stingle, Married Wildowed OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 // I HEREBY CERTIFY, That A attended deceased from |
| (Month) (Month) (Yoar) (A) (A) (A) (A) (A) (A) (A) (| that I last saw her alive on Die 1915, that I last saw her alive on Die 1915, and that death occurred on the date stated above, at 1915 m. The CAUSE OF DEATH * was as follows: Other Annum ma (Burelley pre |
| 11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State of country) 13 BIRTHPLACE OF MOTHER (State of country) 14 THE ABOVE (STRUE) TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE (STRUE) TO THE BEST OF MY KNOWLEDGE | (Signed) ** |
| (Address) Trostburg 16 Filed 1915 Dell Longroup REGISTARA If more blanks are needed, address State Registrar, | 29 UNDERTAKER LACE Trosburg W. Saratoga St., Balto. Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

know, (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Autocian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestie service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," Women at home, who are engaged in

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

etc., when a definite disease can be ascertained as the lapse," "Coha," "Convulsions," "Debility" ("Congenital," "Spaile," etc.), "Dropsy," "Exhaustion," "Heart failure" "Haemorrhage," "Inanition," "Maras-uni" "Old Jge," "Shock," "Uracmia," "Weakness," PUERPERAL Special operation on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated "Anaemis" (merely symptomatic), chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitia under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: eause. Always qualify all diseases resulting from child-birth or miscarriage as "PUERPERAL septichacmia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, ctc. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of head-homicide; Struck by railway train-accident; Revolver State MEANS OF INJURY and qualify as ACCIDENTAL "Tumor" for malignant neoplasms); Measles; Whooping terminal conditions, such as "Asthenia, The contributory (secondary or intercuron was undertaken. For violent deaths Poisoned itonitis," etc. by carbolic acid—probably State eause for which Never report mere "Atrophy," "Colimportant. wound



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the nisease causing neath, engaged in domestic service for wages, as Scrvant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autowrite None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part But in many eases,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic SUICIDAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; birth or misearriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths etc., when a definite disease can be ascertained as the genital," "Senilc," etc.), symptoms or terminal eonditions, such as "Asthenia," chopneumonia (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, ctc. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurg., sepsis, tetanus) may be stated "Dropsy," "Exhaustion," Never report mere (Recommendations acid—probably



OCCUPATION IS pinode PHYSICIANS RECORD 0 statement PERMANENT CTLY. EXA Exact 4 classified be D shoul THIS a properly AGI INK supplied. be UNFADING may carefully that 80 WITH terms, on back pinoda piain Information 2 EATH WRITE 50 Every item CAUSE OF Important.

certificate.

0

00

Instructions

Very

STATE OF MARYLAND PLACE OF DEATH 21003 CERTIFICATE OF DEATH County. Registration Dist. No. Ilf death occurred in Village or City Ward) a hospital or Institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED WIDOWED, (Month) (Day) ORDIVORCED (Write the word) 17 I HEREBY CERTIFY, That attended deceased from 6 DATE OF BIRTH that I last saw h. [] M. alive on (Year) onth) (Day) TAGE If LESS than and that death occurred on the date stated above, at t day,....hrs. The CAUSE OF DEATH * was as follows: OR mlo. ? OCCUPATION (a) Frade, profession, or particular kind of worl (b) General nature of Industry business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country (Duration) 10 NAME O FATHER (Signed) 11 BIRTHPLACE (Address) OF FATHER (State or country Z *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER of death _____ yrs. ___ mos. ___ ds. State yrs, ____ mos. ds. Where was disease contracted: 14 THE ABOVE IS TRUE If not at place of death? (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address 15 , 191.... 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E./Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, mine, etc. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acctaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ver" is less definite; avoid use of "Tumor" for malle The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of __ (name origin; "Can-Examples: For viod8.



| . i. |
|------|
| No. |
| တဲ့ |
| > |

N. B.

| | 1 PLACE OF DEATH | STATE OF MARYLAND |
|------------|--|--|
| Cour | Wallegary 21004 | CERTIFICATE OF DEATH |
| | | Registration Dist. No. |
| Milla | Mens Gillieum | CA . Manual . Fif death occurred in |
| Villa | ge or City No. (No. , | St.; Ward) a hospital or institution, give its NAME instead |
| | 2 FULL NAME Lemina & | Desmet of street and number.] |
| | | MEDIAN ASSETSIONE OF DESIGN |
| 3 SE | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| FE. | male white MARRIED, Married on DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 OA | TE OF BIRTH | 17 I HEREBY CERTIFY, That I attended deceased from |
| | Feb. 25 1838 | , 1910, to SEC, , 1910, |
| 7 | (Month) (Day) (Year) F If LESS than | that I last saw held alive on 1910, |
| 7 AG | 1 dayhrs. | and that death occurred on the date stated above, at / m. |
| | yrs | The CAUSE OF DEATH # was as follows: |
| 8 9 | CCUPATION) Trade, profession, or | Josebral Hamorrhages |
| Apa | rticular kind of work | |
| bu |) General nature of industry siness, or establishment in | (Qurailon) yrs. mos. //Gds. |
| 9 B | ich employed (or employer) | contributory atterio Deleroses |
| | (State or country Beford Co. Pa, | Secondary |
| | 10 NAME OF FATHER | (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M. C. M. |
| S | John & Leasure | Dec/12, 1915 (Address) Flintstone Ma. |
| RENT | OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. |
| E E | 12 MAIOEN NAME | CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal. |
| PA | OF MOTHER Jarbara S. Bennett | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| | 13 BIRTHPLACE OF MOTHER (State or country) | Al piece in the of deeth yrs. mos. ds. Stete, yrs. mos. ds. |
| 14 TI | HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, |
| | Harris Phaneth | if not at piece of death? |
| | (Informant) Neorge General | usual residence |
| | (Address) Suprem / Md | 19 REACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 | 12/1 - 9 Ad At | 20 UNOERTÁKER ADDRESS |
| Fil | ed 1915 REGISTRAR | 20 UNOERTAKER AODRESS |
| | If more blanks are needed, address State Registrar, | 16 W Saratoga St., Balto., Requesting V. S. No. 1. |
| | | |
| | | |

[Approved by U. S. Census and American Public Health
Association.]

wife, Honsework, or At Home, and children, not gainfully only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, Housemaid, etc. If the occupation has been changed business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-Ciril

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urarmia," "Weakness, genital," "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... to determine definitely. Examples: Accidental drowning; "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere causc. "Heart failure," "Heemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial (name origin; "Caneer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Atrophy," "Exhaustion," ACCIDENTAL, wound of ("Con-



.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certifloate. A PERMANENT RECORD BINDING FOR WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN 8. No. 1.

m Z

| | PLACE OF DEATH | 21005 | | STATE OF MA | RYLAND |
|---------------------|--|---|---------------------------|---|--|
| Count | y allegan | | 5 | CERTIFICATE O | F DEATH st. No. |
| Villag | e or City My Surac | 12 (No | Elan | St.;Ward) | [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| | PERSONAL AND STATIST | ICAL PARTICULARS | | MEDICAL CERTIFICATE | OF DEATH |
| 3 SE) | | 5 SINGLE, MARRIED, WIDOWEO OR OIVORCEO (Write the word) | 16 DATE OF C | (Month) | (Day), 191 (Year) |
| 7 AGI | 22 9 | (Day) (Year) If LESS than 1 day, hrs. 9 ds. OR mia.? | that I lasts and that dea | 20,191, to | , 191 J., 191 J., ated above, at 9 m. |
| (a) par (b) hos whi | CCUPATION) Trade, profession, er ficular kind of werk) General nature of ledustry kiness, or establishment in ich empleyed (or empleyor) | ewox | Contribu | (Burelloe) | 770. moo Z/200 |
| PARENTS | 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | W. Slauh Pa | (Signed) State CAUGES, 6 | , 191 (Address) Autority of the Disease Causing Dratte, or late (1) Means of Injury; and r Homicinal. | January M. D. Santaghal, in deaths from Violent (2) whether Accinental, |
| | 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BES | Adring Pool of MY KNOWLEDGE | At place pl deeth | | |
| | (Informant) Pussell (Address) Pussell | Savagelist | Former or usual residence | BURIAL OR REMOVAL vogg md | OATE OF BURIAL |
| File | 9 | REGISTRAR are needed, address State Rogistrar | 20 UNOERTA | J Dust. | Thortbury Mid |



[Approved by U. S. Consus and American Public Health Association.]

ness of various pursuits can be known. The question cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, write None. Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever, If the occupation has been changed Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

(name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (seeondary), 10 ds. Never report mere rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping mus," "Old Age," "Shock," "Anaemia" symptoms or terminal conditions, such as "Asthenia," SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; or miscarriage as "Puenperal septichaemia," "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Dropsy," "Uraemia," "Weakness," "Atrophy," "Exhaustion," important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JAN 5-1916
BUREAU, V.S.

1 PLACE OF DEATH STATE OF MARYLAND () "o Statement o CERTIFICATE OF DEATH Registration Dist. No. PHY If death occurred in a hespital or institution. give its NAME instead of street and number. ² FULL NAME RECORD EXACT PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF CEATH 3 SEX class 4 COLOR OR RACE stated MARRIEO, PERMANENT WIDOWEO (Month) (Year) OR DIVORCED Alregord rtificate hat I attended deceased from should g 00 (Day) If LESS than 7 AGE 40 may W 1 day. hrs. CK 0 mia. ? THIS 93 paq that OCCUPATION supplied 0 (a) Trade, prefession, er ons particular kind of work INK 0 (S (b) General nature of industry terms, instruct business, or establishment in (Buretlon) UNFADING which employed (er employer) carefully Contributory 9 BIRTHPLACE (State or country) See in 10 NAME OF FATHER (Signed) 2 WITH pino important. I 11 BIRTHPLACE ENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT E. (State or country) PLAINLY, CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL. 12 MAIDEN NAME 0 PAR Ds. OF MOTHER of Informatic LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION Very 13 BIRTHPLACE At piece In The OF MOTHER (State or country) 80 -Every item of Inshould state CAI Where wee disease contracted, 14 THE ABOVE KNOWLEGGE usual residence DATE OF BURIAL ADDR 0 If more blacks are oeeded, address State Registra, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

m

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill, (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. "Foreman," "Manager," "Dealer," etc., without more of the second statement. business or industry, and therefore an additional line For many occupations a single word or term on the Housemaid, etc. If the occupation has been changed -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," Women at home, who are engaged in Never return If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

and consequences (e. g., scpsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For VIOLENT DEATHS etc., when a definite disease can be ascertained as the genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "Puenceral septichaemia," cause. Always qualify all diseases resulting from childrent) affection need not be stated unless nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Mcdical Association.) Struck by railway train—accident; Revolver wound "Anaemia" (name origin; "Cancer" is less definite; avoid use of "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercurby carbolic Never report mere acid—probably important ("Con-



PLACE OF DEATH STATE OF MARYLAND state CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. Ilf death occurred in hospital or lostitution, RECORD give ils NAME Instead of street and nomber.] **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. -MARRIED, WIDOWED: (Month) (Day (Write the word attended deceased from DATE OF BIRTH 913 classified. (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was OR O. min. ? proper MOCCUPATION (a) Trade, profession, or XX particular kind of work. led. pe (b) General nature of industry. UNFADING business, or establishment in ilqqua may which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 0 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME See instructions OF MOTHER piai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place OF MOTHER (State or country) DEATH Where was disease contracted OWLEDGE If not at place of death? ō PO usual residence mportant. ы DATE OF BURIAL Every (Address) 20 UNDERTAKER APPRESS REGISTRAR ż

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Year)

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) : Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr rcturn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," sepsis, tetanus) may be stated under the head of ACCIDENTAL, SUICINAL, Or HOMICINAL, or as probably which surgleal operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopucumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For vio-



SICIANS tement of Registration Dist. No. if death occurred in 0. a hospital or institution. give its NAME instead of street and number. EXACTL RECORD STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE stated MARRIED. PERMANENT WIDOWED O OR DIVORCED (Month) (Day) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH 0. 0, that I lest saw h..... If LESS than 7 AGE 0 LI S 1 day, brs. O OR mln. ? A + Da 0 8 OCCUPATION pplied. tha (a) Trade, profession, or (particular kind of work instructions 08 terms, business, or establishment in (Beretion) which employed (or employer) Contributory Secondary 9 BIRTHPLACE 5 (State or country) 8 0 20 10 NAME OF E 20ec 26, 1918 (Address) 11 BIRTHPLACE ENT OF FATHER State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, Œ 50 MAIDEN NAME 4 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT 40 EW BIRTHPLACE Af misco Inform O OF MOTHER State. 5 89 of death 2 (State or country) should state CAI d Where was dissess contracted, unual residence DATE OF BURIAL 15 8 If more blanks are needed, address State Registrar, 13 W. Stratoga St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, engaged in domestic service for wages, as Servant, Cook. of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. state occupation at beginning of illness. If retired from or given up on aecount of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House---Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," meningitism, is indefinite); Tuberculosis of lungs, meninginging the processing of lungs, meninginging the processing of lungs, meninginging the processing the processing the processing of lungs, meninginging the processing the proces

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Puerperal septichacmia," "Puerperal peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercurcarbolic acid—probably Never report mere important.



UNFADING INK-THIS IS

WRITE PLAINLY, WITH m of Information should be

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

CAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate.

CAUSE OF

N.B.

RECORD

PERMANENT

| Village or City Lord (No | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 St.: Ward [If death occurred is a hospital or institution, give its NAME instead of street and number.] |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male Color or RACE Single, MARRIEO, Wicoweo, ORDIVORCED (Write the word) 6 DATE OF BIRTH | 18 DATE OF DEATH Africal Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191, 191, |
| (Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. yrsmosds. ORmin.? | and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: Synthetical Company of the date stated above, atm, 5 MonThe Suntabuse |
| business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER OF FATHER | (Ouration) yrs mos ds. Contributory Secondary (Duration) yrs mos ds. (Signed) |
| (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place in the of death yrs ds. State yrs ds Where was disease contracted, if not at place of death? Former or |
| (Address) Millaul Mid 18 Filed Die 14, 1915 FARELES REGISTRAS | 19 PLACE OF BUBIAL OR REMOVAL Lord Wil DATE OF BURIAL 20 UNDERTAKER ADDRESS |

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an applies to each and every person, irrespective of age gainfully employed, as At school or At home. Care additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

Bronchopneumonia (secondary), 10 ds. Never report ample: valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., sucb, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



| 1 | , | • | |
|---|---|---|--|
| | | 0 | |
| | , | | |
| 1 | | | |

PHYSICIANS should state of OCCUPATION is very Exact statement A PERMANENT stated EXACTLY. properly classified. should be UNFADING INK-THIS IS AGE of information should be carefully supplied. DEATH in plain terms, so that it may be instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF I

| PLACE OF DEATH | 01011 |
|-------------------|-------|
| ounty allegan | 21010 |
| | |
| Hage or City Tool | (No |

STATE OF MARYLAND

| County allegary 21014 | CERTIFICATE C | F DEATH |
|--|---|--------------------------------------|
| County | Registration Di | st. No. 12 |
| Village or City (No, ———————————————————————————————— | Boyu Isin | Fit death occurred in |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE | OF DEATH |
| 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH about & (Month) | (Day (Year) |
| 6 DATE OF BIRTH Disc 14 1955 | 17 I HEREBY CERVITY. That | I attended deceased from, 191, |
| (Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. | and that death occurred on the date state The CAUSE OF DEATH* was as follows: | |
| © OCCUPATION (a) Trade, profession, or particular kind of work | 5 months & | Station |
| business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF | Contributory Douff | yrs mos ds. |
| TATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAINTER 24 12 MAINTER 12 MAINTER OF MOTHER 25 26 27 28 29 20 20 20 20 20 20 20 20 20 | *State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; | |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Mary Cons | 16 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State | s, Institutions, Transients, yrs, ds |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) | Where was disease contracted, If not at place of death? Former or usual residence | |
| (Address) Mid (und M) | 19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
| Filed Ste /4, 1915 & Hharle | 20 UNDERTAKER | ADDRESS |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfulthe nature of the business or Industry, and therefore an Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illduties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is neccated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborerstatement. it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., been changed or given up on account of the DISEASE material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIPAL, or HOMICIPAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all discases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgcultal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mally oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of For vio-



| PLAGE OF DEATH 21011 | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| County Elegency | Registration Dist. No. |
| Village or City Lender (No 146 Ma) 2 FULL NAME LIZZILL (T. 16 | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4 COLOR OR RACE 6 SINGLE, MARRIED, Merried WIDDWED | 16 DATE OF DEATH Deem In 28, 191 (Month) (Day) (Ye |
| Lando Mule (Write the word) | 17 I HEREBY CERTIFY, That I attended deceased for |
| 6 DATE OF BIRTH | Dre 26", 1915, to Dre 28, 191 |
| (Month) (Day) (Year) | 100000000000000000000000000000000000000 |
| 7 AGE | and that death occurred on the date stated above, at |
| 60 yrs — mas 2 ds, OR min.? | The CAUSE OF DEATH & wee so follows: |
| © OCCUPATION (a) Trade, prefession, or | Ashma |
| (b) General nature of industry | |
| husiness, or establishment in which employed (or employer) | (Buration) 2 yrs mos |
| 9 BIRTHPLACE (State or country) Cameron Va | Contributory Condary Secondary (Direiling) yre mes. 7 |
| 10 NAME OF PATHER I PARE THE SILES | (8 gnod) Colon Brawtush |
| 11 BIRTHPLACE | Del 29, 1815 (Address) Jumbulent Me |
| (State or county) (More) | *State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental |
| OF MOTHER M | SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI |
| 13 BIRTHPLACE | OR RECENT REGIDENTS) At place In the |
| State or country Lie Minors | of death yrs. mes. de. Stats, yrs. mes. |
| 14 THE ABOVE IS THE TO THE BEST OF MY KNOW EDGE | If not at place of death? |
| (Informant Mus Edurand & Wanged | Former or usogl residence |
| (Address) 146 Wallut I | PLACE OF BURIAL OR REMOVAL |
| 16 March Har | 20 MODERTAXEN DOPRESS |
| Flat E 3.0 9,791 | If I Telles City |
| If more blanks are needed, address State Registrar | r 15 W. Saratoga St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as Houseis provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease Causing Death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salcsman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Housemaid, etc. write None. Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or HS probably such, if impossible to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puberberal septichaemia," "Puberberal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness, chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of head-homicide; Poisoned state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Scnilc," etc.), "Dropsy," Example: Measles (disease eausing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated Struck by railway train-accident; Revolver wound of "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-The nature of the injury, as fracture of skull The contributory (secondary or intercurby carbolic acid-probably "Exhaustion," important.



V. S. No. 1.

N. B.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

21012

STATE OF MARYLAND CERTIFICATE OF DEATH

| | | | | - | - |
|-----|------|----|------|---|---|
| Dad | 1-1- | 41 | Dist | | |

Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

| ²FU1 | LL NAME Steellow | Seven of street and number.] |
|--|--|---|
| PERSO | DNAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX ? | 4 COLOR OB RACE 5 SINGLE, WARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH Se 121, 1914 (Mouth) (Day (Year) |
| 6 DATE OF BIRT | | 17 I HEREBY CERTIFY, That I attended deceased from 191 to 191 191 |
| 7 AGE | (Month) (Day (Year) If LESS than 1 day,hrs. | and that desth occurred on the date stated above, at |
| a) Trade, profession particular kind of w (b) General nature (| ı, or | I month gistolin, |
| business, or establ | empioyer) | Contributory Auchenow, |
| 10 NAME OF | alber Brown | (Signed) Coration) yrs mos ds. |
| S 11 BIRTHPL OF FATE (State of 12 MAIDEN OF MOT | NAME NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 13 BIRTHPL OF MOTE (State o | ACE HER T COUNTRY) Machinsburg Mr | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds |
| (interment) | The abbre Bern | Where was disease contracted, if not at place of death? Former or usual residence |
| (Address) | 6,1915 Maysolty | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER PARENTO ADDRESS- DELEMBER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | If more blanks are needed, address State Regi | Strar, 6 E. Franklin St., Ralto Requesting V S No. 1 |

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the statement. material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) For vio-



| | PLACE OF DEATH 21013 | STATE OF MARYLAND | | | | |
|---|--|--|--|--|--|--|
| Cour | nty Mlegary 21010 | CERTIFICATE OF DEATH | | | | |
| | | Registration Dist. No. | | | | |
| Vilia | ge or City naarning (No. | St.; Ward) [If death occurred in | | | | |
| | 11.2 11 13 | a hespital or institution, give its KAME instead | | | | |
| | 2 FULL NAME Alee M. Mus | look of street and number.] | | | | |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | | |
| 3 SE | X 4 COLOR OR RACE 5 SINGLE, MARRIED, | 18 DATE OF DEATH 940 /3 1915 | | | | |
| TE | make White MARRIED, Married OR DIVORCED (Write the word) | (Month) (Day) (Year) | | | | |
| 6 DA | TE OF BIRTH G | HEREBY CERTIFY, That I attended deceased from | | | | |
| | May 15 1847 | 1915, to 050 0, 1910, | | | | |
| | (Month) (Day) (Year) | that I last saw her alive on OTC 3, 1915, | | | | |
| 7 AG | If LESS than 1 day, | and that death occurred on the date stated above, at 420 m. | | | | |
| | 68 yrs 6 mes 28 ds, OR min.? | The CAUSE OF DEATH * was as follows: | | | | |
| 70 | CCUPATION // | le cidental fell - traction I fromus - | | | | |
| A pa | CCUPATION 1) Trade, profession, or fousewify ricular kind of work | - Unumed | | | | |
| (b |) General natore of lodustry | 11 WESTES | | | | |
| wh | siness, or establishment in ich employer) | (Ourstion) yrs. mos. ds. | | | | |
| | RTHPLACE (State or country) | Secondary Court of Ephronis | | | | |
| | Calston d'Enn " | (Durstion) yrs. \(\sigma\) mos ds | | | | |
| | 10 NAME OF THE PLANE OF MORE A. X | (Signed) James O. Buflock M.O. | | | | |
| v | 11 BIRTHPLACE Q | See 13 , 181,5 - (Address) & masoning | | | | |
| RENTS | OF FATHER (State or country) of Just Keepsie My | *State the DIMPARE CAURINO DRATH, or, in deaths from VOLENT CAURES, state (1) YEARS OF INJURY; and (2) whether ACCIDENTAL, | | | | |
| ARE | 12 MAIDEN NAME OF MOTHER | SUICIDAL OF HOMICIDAL. | | | | |
| a | + cemera Arden | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) | | | | |
| | 13 BIRTHPLACE OF MOTHER (State or country) Cold Ohrma 2M | At ptacs in the of death yrs. was. ds. State, yrs. mes. ds. | | | | |
| 14 TI | HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, | | | | |
| | A B and | if not at place of death? | | | | |
| | (Informant) fermes (O.) Onlescer | ususi residence | | | | |
| | (Address) of madoning | 19 PLACE OF BURIAL OR REMINERAL | | | | |
| 15 | | The Kidgs Cemetery Slinois Dec 16 1915 | | | | |
| File | 000 12 13 , 1915 - J. D. Willows | 20 UNDERTAKER ADDRESS | | | | |
| | PEGISTRAR | The Ecchhorn & on soming May | | | | |
| If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. | | | | | | |

[Approved by U. S. Census and American Public Health
Association.]

engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) rocery; (a) Foreman, especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. news of various pursuits can be known. The question Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent Deaths "PUERPERAL perilonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urarmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," head-homicide; Struck by railway train-accident; Revolver wound etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial cause. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, ctc., Carcinoma, Sarcoma, etc., of or miscarriage as "PUERPERAL septichaemia," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-Poisoned by carbolic acid-probably



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN F. S. No.

| COUNTY DUMPALANT COUNTY OF DEATH Village or City Dumpalant (No. 0.2 Fight St; Ward) **FULL NAME **PULL NAME **PERSONAL AND STATISTICAL PARTICULARS **SEX **COLOR OR RACE SHIRALE, MINORITY WOONED, (First the word) **DATE OF BIRTH **COLOR OR RACE SHIRALE, MINORITY WOONED, (First the word) **DATE OF BIRTH **COLOR OR RACE SHIRALE, MINORITY WOONED, (First the word) **DATE OF BIRTH **COLOR OR RACE SHIRALE, MINORITY WOONED, (First the word) **DATE OF BIRTH **COLOR OR RACE SHIRALE, MINORITY WOONED, (First the word) **COLOR OF BIRTH WOONED, (First the word) **COLOR OF BIRTH Wooned a stated above, at many the date stated above, at many the word was an follows: **COLOR OF BIRTH Wooned a stated above, at many the word of word was an follows: **COLOR OF BIRTH Wooned a stated above, at many the word of word was an follows: **COLOR OF BIRTH Wooned a stated above, at many the word of word was an follows: **COLOR OF BIRTH Wooned a stated above, at many the word of word was an follows: **COLOR OF BIRTH Wooned a stated above, at many the word of word was an follows: **COLOR OF BIRTH Wooned a stated above, at many the word of word was an follows: **COLOR OF BIRTH Wooned a stated above, at many the word was an follows: **COLOR OF BIRTH Wooned a stated above, at many the word was an follows: **COLOR OF BIRTH Wooned a stated above, at many the word was an follows: **COLOR OF BIRTH Wooned a stated above, at many the word was an follows: **State the DIBRANG CREEN DEAT OF, in deaths from Young and the death attated above, at many the word was an follows: **State the DIBRANG CREEN DEAT OF, in deaths from Young and the death attated above, at many the word was an follows: **State the D | PLACE OF DEATH | STATE OF MARYLAND | | | | | |
|--|--|--|--|--|--|--|--|
| Village or City. Detectioned (No. 10.2 Fifth St; Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND S | allenan | CERTIFICATE OF DEATH | | | | | |
| PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE SINEALE WOODWED, | | Fif death eccerred la | | | | | |
| PERSONAL AND STATISTICAL PARTICULARS (Month) (Month) (Month) (Day) (Month) (Day) (Month) (Day) (Personal) (Month) (Day) (Month) (Day) (Year) The Last saw M. D. (Month) (Day) (Tear) (Month) (Mon | Village or City (No. | a nospital of institutor, | | | | | |
| PERSONAL AND STATISTICAL PARTICULARS (Month) (| Stellows 12 | | | | | | |
| SEX 4 GOLD OR RACE SHARLE MARRIED TO THE BEST OF MY KNOWLEDGE (North Page) (Seed Shifts of Country) Find The Above is true to the Best of My Knowledge (Inference) (Morth) With Married Married (Month) (Day) (Year) 15 DEC 6 1911 Married Married (Month) (Day) (Year) 16 DATE OF BIRTH 17 I HEREBY CERTIFY, That I strended decessed from the Life (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I strended decessed from the Life (Month) (Day) (Year) 18 I I I I I I I I I I I I I I I I I I I | FULL NAME | | | | | | |
| AMABLE WINTE WOODLY (North) B DATE OF BIRTH LICE (Month) (Day) (Year) 17 AGE PULL Drug (Nonth) (Toay) (Year) 18 ILESS than 16 dayhr. The GAUSE OF DEATH* was at follows: B OCCUPATION (a) Trade, profession, or particular kind of word. (b) General nature of industry, business, or establishment in which employed (or ampleyer) OF SIRTHPLACE (State or country) ON AME OF FATHER T Pluly Drug (State or country) ON ON OF MOTHER OF BURNEL OF MANN OF MOTHER OF MOTHER (State or country) 10 NAME OF FATHER OF BURNEL OF MY KNOWLEDGE (Informant) 114 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) W W MANN OF STATE (State or country) (Address) Charles of MY KNOWLEDGE (Informant) (Informant) W W MANN OF INJURY; and (2) whether Accident Talk State or country) (Informant) W W MANN OF INJURY; and (2) whether Accident Talk State or country (State or country) (Informant) W W MANN OF INJURY; and (2) whether Accident Talk State or country (State or country) (Informant) W W MANN OF INJURY; and (2) whether Accident Talk State or country (State or country) (Informant) W W MANN OF INJURY; and (2) whether Accident Talk State or country (State or country) (Informant) W W MANN OF INJURY; and (2) whether Accident Talk State or country (State or country) (Informant) W W MANN OF INJURY; and (2) whether Accident Talk State or country (State or country) (Informant) W W MANN OF INJURY; and (2) whether Accident Talk State or country (State or country) (Informant) W W MANN OF INJURY; and (2) whether Accident Talk State or country (State or country) (Informant) W W MANN OF INJURY; and (2) whether Accident Talk State or country (State or country) (Informant) W W M MANN OF INJURY; and (2) whether Accident Talk State or Country (State or country) (Informant) W W M M M M M M M M M M M M M M M M M | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | | | |
| TAGE TAGE TAGE THE BOY (Month) (Day) (Tear) THAT I last asw h.L. Shwoon (So COLPATION (S) Trade, profession, or particular find of work (B) General nature of industry, (B) General nature of industry, (B) General nature of industry) BIRTHPLACE (State or country) The GAUSE OF DEATH* was an follows: Contributory (Secondary) (Signed) The GAUSE OF DEATH* was an follows: Contributory (Secondary) (Signed) The GAUSE OF DEATH* was an follows: (B) General nature of industry, (Secondary) (Secondary) (Socondary) (Signed) The GAUSE OF DEATH* was an follows: (Borallee) The GAUSE OF DEATH* was an follows: (Signed) The GAUSE OF DEATH* was an follows: The GAUSE OF DEATH* The GAUSE OF DEAT | MARRIED, Juft | (Month) (Day) (Year) | | | | | |
| TAGE Month Day (Year) | | | | | | | |
| TAGE TAGE THE TOTAL POINT If LESS than and that death occurred on the date atteted above, at | 14 4 | | | | | | |
| **The CAUSE OF DEATH* was as follows: 1 day, hrs. 1 d | (Month) (Day) (Year) | that I last saw h.l.h. saws on 200 # ,1915 | | | | | |
| The CASE OF DEATH Was as follows: Contributory | | and that death occurred on the date atsted above, atm, | | | | | |
| OCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral nature of industry, business, or establishment in which amplied (or amplied) Peter or country ONAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) 15 DEC 1913 MAGGISTAR REGISTARA OCCUPATION (Beratlee) (Signed) (Beratlee) (Be | | The CAUSE OF DEATH* was an follows: | | | | | |
| particular kind of work (b) General nature of Industry, business, or establishment in which employed (or ampleyer) Berthplace Of Father Of Hermani 10 Name of Father Of Mother Of Mothe | | P. A. | | | | | |
| (b) General nature of industry, Dusiness, er establishment in which employed (or ampleyer) BIRTHPLACE (State or country) Contributory (Secondary) Contributory (State or Country) Contributory (State or Country) Contributory (State or Country) Contributory (State or Country | | sun jour card | | | | | |
| Which employed (er ampleyer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER TO PURE TO THE BEST OF MY KNOWLEDGE (Infermant) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Infermant) 15 DEC 5 1913 16 MARCHARDE (State or country) 17 DEC 5 1913 18 LECT (Signed) 19 LOCATION (Signed) 10 A CIVILIA (Secondary) (Signed) (| | 000 702 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - | | | | | |
| DEC 1913 DEC 1913 DEC 1913 Contributory Contributory Contributory (Secondary) Contributory (Secondary) Contributory (Secondary) (Secondary) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Signed) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Signed) (Address) (Addres | | (Deratice)mosds. | | | | | |
| 10 NAME OF Phuly Burns (Signed) (Sig | 9 BIRTHPLACE | Contributory | | | | | |
| 10 NAME OF FATHER Pluly Private Signed Crossing Death, or, in deaths from Violent Causes, state (1) Means of Hydre; and (2) whether Accidental Place of Mother (State or country) W V V V V V V V V V V V V V V V V V V | (State or country) Cumbaland lug | | | | | | |
| State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJUEY; and (2) whether Accident Tal, Suicidal, or Homicidal. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Infermant) (Address) (Addres | FATHER T Phily Burns | (Signed) a h Overs, N. D. | | | | | |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Infermant) (Address) (Ad | O 11 BIRTHPLACE | the 4 , 191) (Address) Gunterland ling | | | | | |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Infermant) (Address) (Ad | (State or country) | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT | | | | | |
| OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Infermant) (Address) | of MOTHER Rive Callilian | TAL, SUICIDAL, OF HOMICIDAL. | | | | | |
| (Address) | 13 BIRTHPLACE OF MOTHER (State or country) | of death yrs mes ds. State yrs mos ds. | | | | | |
| (Address) Cumpuland und 19 Place of Burial or Removal State of Burial Filed 1915 Martin Registrar Page 1915 Address Ad | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | | | | | |
| (Address) Cumpuland in 19 Place of Burial or Removal 15 DEC 6 1915 Maximum Place of Burial or Removal 20 UNDERTAKER ADDRESS REGISTRAR | (Interment) Just 7 1 Burns | Former er | | | | | |
| 16 DEC 6 1915 Martitu Pour Poil; Dec 6, 1915 Filed 191 Martiture Poil; Dec 6, 1915 REGISTRAR Lovis Stein Completed | 102 344 | 10 | | | | | |
| Filed 191 MUNICIPAL 20 UNDERTAKER ADDRESS REGISTRAR | | 100 | | | | | |
| REGISTRAR Lovis Stein & mili & | DEU 6 1310 ///ax///// | 20 UNDERTAKER | | | | | |
| - Torus Call I I I I I I I I I I I I I I I I I I | | S. C. S. C. | | | | | |
| | - Torus Carrier (1) | | | | | | |

21014

[Approved by U. 8. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, should be taken to report specifically the occupations "Manager," "Deaier," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuimine, etc. cases, especially in industrial employments, it is nec-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosci of lungs, meninges, peritonacum, etc.. Carcinosci of lungs, meninges, peritonacum, etc..

scpsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skuli, and consequences (e. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acolsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "PUEEPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viogenitai," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds. affection need not be stated unless important. oma. Sarcoma. etc., of _ "Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (secondary or intercurrent) "Dropsy," "Exhaustion, __ (name origin; "Can-State cause for Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS—should state CAUSE OF DEATH in plain terms, so that it may be proporly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. A PERMANENT BINDING TE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

| PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX: 4 COLOR OR RACE MARRIED, MARRIED, MIDDWED OR DIVORCED O |
|--|
| 3 SEX: 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED OR |
| TAGE (Month) (Day) (Year) (Year) That I last saw h. A. alive on |
| e occupation . |
| (a) Trade, profession, or particular kind of work (b) General nature of lodustry businoss, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Contributory |
| 10 NAME OF FATHER Secondary (Signed) (Burelion) (Burelion) (Signed) (Signed) |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER OT |
| (Informant) (Address) |
| TI more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |



W. 86 00.

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Houseksepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotivs engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-typhoid pneumonia, indefinite); Tuberculosis of lungs, menin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maramus," "Old Age," "Shock," "Uraemia," "Weakness," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning, birth or miscarriage as symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"PUERPERAL septichaemia," Never report mere



02

Important.

PHYSICIANS should of OCCUPATION PERMANENT cla NN UNFADIN 80 terms, n back EATH in piair OF Every It

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..Ward a hospital or institution, give Its NAME Instead ot street and nomber.] PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIEO. WIDOWED, ORDIVORCEO (Write the word) (Month) (Day (Year) HEREBY CERTIFY, That I attended deceased from (Day (Month) (Year) TAGE It LESS than and that death occurred on the date stated above, a t day,....hrs.min. ? 8 CCUPATION (a) Trade, profession, or Darticular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT. CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death (State or country) State yrs, __ yrs. mos. ds. Where was disease contracted. If not at place of death? usual residence. (Address)..... DATE OF BURIAL 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

'fication as Day laborer, Farm laborer, Laborerwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (4) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the lutter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia,", unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or misearriage as "Puerperal cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "l'uerreral peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," septichae-



S. No. 1.

Important.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. of information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. UNFADING INK-THIS IS A WRITE PLAINLY, WITH N. B.—Every Item CAUSE OF

1 PLACE OF DEATH

21017

(No....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

[if death occurred la a hospital or Institution, give its NAME Instead of street and number.]

2FULL NAME

Clank

| PERSONAL AND STATISTICAL PARTICULARS | | | MEDICAL CERTIFICATE OF DEATH | | |
|--|---|---|--|---|--|
| 3 SEX | 4 COLOR OR RAGE | 5 SINGLE, MARRIED, WIGOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, The | (Day (Year) at I attended deceased from | |
| 6 DATE OF I | SIRTH Sic (Month) | 744 , 19/3. (Day (Year) | , 191,, to | , 191, | |
| 7 AGE If LESS than f day,hrs. ORmin.? | | | and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: Still birth at about 4 much | | |
| (b) General na business, or which employed | ature of industry, establishment in d (or employer) | C hs | Contributory Secondary | | |
| S 11 BIRT | | Clark | (Signed) | yrs mos ds. | |
| 12 MAIL OF 13 BIRT | 12 MAIDEN NAME OF MOTHER Gestude Hydral 13 BIRTHPLACE OF MOTHER (State or country) allege to has | | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs. mos, ds. State yrs. mos, d | | |
| 14 THE ABO (informant) | Mrs John | Clante | Where was disease contracted, If not at place of death? Former or usual residence | | |
| (Address | C24, 1915 D.C | a. Benche | in home lot 20 UNDERTAKER Had none | DATE OF BURIAL See 24, 1915 | |
| | If more blanks a | re needed, address State Reg | istrar, 6 E. Franklin St., Balto., Requesting V | S. No. 1. | |

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," If the occupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerreeal peritonitis," etc. State cause for ellidbirth or misearriage as "Tuerreral scotichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (seeondary), 10 ds. Never report The contributory (secondary or intercurrent) tctanus) may be stated under the head Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease eansing death), 29 ds.; "Exhaustion," For vio-



V. S. No. 1.

| PLACE OF DEATH 21018 | STATE OF MARYLAND |
|---|--|
| County Allegany | CERTIFICATE OF DEATH |
| CX . | Registration Dist. No. 12 |
| Village or City Midland (No. , | a nospital of institution, give its NAME instead |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female White (Write the word) | 18 DATE OF DEATH Dec. 4, 191 (Month) (Day) (Year) |
| ODATE OF BIRTH June 24th, 186 (Month) (Day) | Hay, IOth, 1915, to Dec. 3rd, 1915 |
| 7 AGE If LESS the 1 day, kr OR min. | and that death occurred on the date stated above, at |
| Darticular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) | about (Burallen) 3 yrs. mos d |
| 10 NAME OF FATHER Jacob Winters | (Signed) A C Heller M. M. |
| U 11 BIRTHPLACE OF FATHER (State or country) Dans Mountain 12 MAIDEN NAME | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. |
| of Mother Touise Humberson 13 BIRTHPLACE OF MOTHER (State or country) Shaft. IId. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At placs State State |
| (loformant) a, M. M. Geer | Former or usual residence |
| (Address) Midlaud ML 15 Filed Dic 4, 1915 FAC Charles REGISTRAR | 19 PLACE OF BURIAL OR REMOVAL DATE DE BURIAL MINITERS JAVAN Ucan Midlend DEO 6, 1915 20 UNDERTAKER ADDRESS M. Eerchorn Longeoing Mo |

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line 6 yrs.). For persons who have no occupation whatever or given up on account of the DISEASE CAUSING DEATH, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwrite None. Housemaid, etc. For many occupations a Statement of Occupation-Precise statement of occupa-Coal mine, etc. various pursuits can be known. The question The material worked on may form part If the occupation has been changed Women at home, who are engaged in single word or term on the If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

genital," surgical operation was undertaken. For violent deates mus,"- "Old Age," "Shock,"-"Uracmin," "Weakness, symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, ctc., Carcinoma, Sarcoma, etc., of under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train—accident; Revolver wound of SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puenpenal septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for n. alignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. State cause for which (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion,"



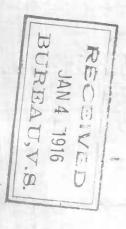
1 PLACE OF DEATH STATE OF MARYLAND SICIANS CERTIFICATE OF DEATH Registration Dist. No. HY Itt death occurred to 0 a hospitat or institution. give its NAME Instead EXACTLY of street and number. RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, 16 DATE OF DEATH 3 BEX 4 COLOR OR RACE stated MARRIED. Married ERMANENT OR DIVORCED (Month) (Day) (Year) A L rite the word) certificate. That I attended deceased from prope 6 DATE OF BIRTH pino Sho 19 (Year) (Day) 0 It LESS than 7 AGE 10 rnay 1 day, hrs. C was as follows: bac mis. ? OR K +1 OCCUPATION
(a) Trade, profession, er instructions on tha supplied particular kind of work terms, so business, or establishment in carefully which employed (or employer) 9 SIRTHPLACE (State or country) Contributory See in 10 NAME OF be FATHER 2 (Signed) pino important I RENTS (Addrage) . 11 BIRTHPLACE *Star the Disease Causing Dmath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, OF FATHER (State or country) 4 10 SUICIDAL OF HOMICIDAL 60 0 12 MAIDEN NAME 4 OF MOTHER Br. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 Very OR RECENT RESIDENTS of Informs 13 BIRTHPLACE la the OF MOTHER yrs.ds. 97 (State or country) should state CAI Where was disease contracted, 14 THE ABOVE IS If out at slace of death? Former er ueval residence DATE OF BURIAL OR REMOVAL 15 Filed 00 REGISTRAR 2 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfultaken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, Women at home, who are engaged in Never rcturn "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-

birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic Struck by railway train—accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrlage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Never report mere acid-probably



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE

V. S. No. 1.

| County Allegan 21020 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No |
|---|---|
| Village or City Frozibrug (No. Cook | St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of streef and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| TAGE AGE (Month) (Day) (Year) TAGE (Month) (Day) (Year) (Year) 1 day, hrs. OR min.? | that I last saw he alive on Sec. 25, 1915, and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows: |
| particular kind of work (b) General nature of ledustry business, or establishment in which employed (ar employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Cloud Cook | Contributory Wishers (Burellon) yrs. mos ds. Contributory Wishers (Burellon) yrs. mos ds. (Signed) , M. D. Stock 5 191 (Address) + 1072 CW yell |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 C. 15 BIRTHPLACE OF MOTHER (State or country) | *State the DIRKASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIOAL OF HOMICIOAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) | Where wer disease contracted, If not at place of death? |
| (Address) 16 Fleen Mch (2 196 De) L-Correay | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL, 191 |
| If more blanks are needed, address State Registrar, | 16 W. Saratoga St., Balto, Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. For persons who bave no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return "Laborer," Locomotive engineer, Civil

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Astbenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head—homicide; The contributory (secondary or intercur-Poisoned by carbolic acid-probably Never report mere ACCIDENTAL,



of OCCUPATION IS PHYSICIANS RECORD statement PERMANENT EXACTLY. Exact stated properly classified. 4 be IS should UNFADING INK-THIS AGE supplied. may be that PLAINLY, WITH should of Information WRITE OF Every item GAUSE OF Important.

state Very

should

PLACE OF DEATH County Village or City PERSONAL AND STAT 3 SEX DATE OF BIRTH 7 AGE CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 DEATH in plain terms. See instructions on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(Informant)

16

(Address).-0

4 COLOR OR P

21021

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf doeth accurred in

FULL NAME.

| (No, | St.;Ward) | a hospital or institution, give its NAME instead of street and number.] |
|--|--|---|
| IAME John Thomas | Crgrove | |
| AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF | DEATH |
| OLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I a | (Day (Year) |
| Marche 2 , 1860 (Month) (Day (Year) | that I last ssw h have slive on Wee | 25th, 1915, |
| If LESS than | and that death occurred on the date stated a | bove, at 12,10A m, |
| yrs 9 ds 0R min.? | The CAUSE OF DEATH * was as follows: | + |
| Cral Murie | Bronchetz Rheu | matiasso |
| stry, it in er) | (Duratioo) | yrsds. |
| Lonacring, hel | Contributory Secondary (Duration) | yrsds. |
| nselvast organi | (Signed) Hurry M. Hody. | , M. D. |
| ntry) Irland | *State the Disease Causing Death, or, is Causes, state (1) Means of Injury; and TAL, Suicidal, or Homicidal. | |
| (atherina M Hugh- | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, II OR RECENT RESIDENTS) At place in the of death | NSTITUTIONS, TRANSIENTS, |
| LA W. Cosper | Where was disease contracted, If not at place of death? Former or usual residence. | • |
| oraconing, ind | Allegany Swetcy, Frosting. | Seo 27, 1915 |
| ,191,5- D/ Jullocs | 29UNDEATAKERO | ADDRESS |
| REGISTRAR | | underlaker. |
| it more blanks are needed, address State Regis | trar, 6 E. Franklin St., Balto., Requesting V. S. | Na Imalmin |

No. 20

ż

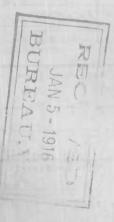


[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the hisease causing nearth (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified. Is Indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant ucoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae ete., when a defiuite disease eau be ascertained as the mus." "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmla" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Branchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name orlgiu; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease eansing death), 29 ds.; "Seuile," etc.), "Dropsy," (Recommendations on statement of State canse for "Exhaustion," Never report



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very

properly classified.

See Instructions on back of

In plain

DEATH

CAUSE OF Important.

ż

RECORD

PERMANENT stated EXACTLY.

No. 1. vi2 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

| Registration Dis | 5t. I | NO |
|------------------|-------|----|
|------------------|-------|----|

St.:---Ward)

[It death occurred in a hospital or Institution, give its NAME Instead of street and number.]

| | FULL NAME | |
|--------------------------------------|---|---|
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH |
| 35 | Male White Single, widowed, will word with the word | 16 DATE OF DEATH JAC 26 , 1915 (Year) |
| 6 D | (Month) (Day (Year) | 17 I HEREBY CERTIFY, That I attended decessed from 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| | GE JYES. MOS | and that desth occurred on the date stated above, st. 3 P. m. The GAUSE OF DEATH* was as follows: Mumbranion Croup. |
| (b) bus wh | rticular kind of work) General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE (State or country) | Contributory As huypia Secondary (Duration) yrs mos 2 ds. (Duration) yrs mos 2 ds. |
| ARENTS | 11 BIRTHPLACE OF FATHER (State or country) Cloqury Co | *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| Δ. | 13 BIRTHPLACE OF MOTHER (State or country) OLO COUNTY CO THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted, It not at place of death? |
| 16 | (Address) Sile 1 And - (Address) 191 C. O. DRelly REGISTRAR | Former or usual residence. 19 RLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOCA 29, 1915. 20 UNDERTAKER ADDRESS |

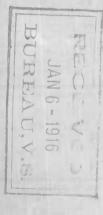
If more blanks are needed, address State Registrar, 6 E. Franklin St., Kallo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (2)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can LENT DEATHS State MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichue etc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS

state

PHYSICIANS should

RECORD

PERMANENT EXACTLY.

4

stated

pinous

AGE

carefully supplied. certificate.

should be

of information DEATH

CAUSE OF Important.

N. B.

See instructions on back of

may be properly classified.

Exact statement of OCCUPATION is very

1 PLACE OF DEATH

21023



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

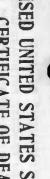
.Ward)

[If death occurred in a hospital or institution, give Its NAME Instead ot street and number.]

Kathaline Crankers

| | V |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE WINDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH SC 17 , 1915 |
| | 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 DATE OF BIRTH (Month) (Day (Year) | that I last aaw h alivs on 191 |
| 7 AGE It LESS than 1 day, | and that death occurred on the date stated above, at |
| (a) Trade, profession, or particular kind of work. | but would infer from firsting |
| (b) General nature of Industry, business, or establishment in which employed (or employer) | (Duration) yrs. mos./ ds. |
| 9 BIRTHPLACE (State or country) alle gung G. h. A | Gontributory |
| 10 NAME OF Christophe Crawford | (Signed) . G. Buche , M. D. |
| Z U 11 BIRTHPLACE OF FATHER (State or country) | *State the DISEASE CAUSING DEATH, OF, IN deaths from VIOLENT |
| of MOTHER Por Green | CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, |
| 13 BIRTHPLACE OF MOTHER (State or country) Gantt | At place In the of death yrs. mos. ds. State yrs, mos. ds |
| (Interment) Chris We best of My Knowledge | Where was disease contracted, It not at place of death? Former or usual residence. |
| (Address) Moon hills | 19 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL |
| Filed Dic/7, 1915 S. A. Bencher REGISTRAR | 20 UNDERTAKER ADDRESS Bral Barton |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of Dersons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

lesis of lungs, meninges, peritonacum, etc., Carcin-("Pneumonia," unqualified, is indefinite): Tubercupneumonia"); Lobar pneumonia; Bronchopncumonia "Croup";) brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemie eereterm for the same disease. time and causation), using always the same accepted causing death (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid Examples: Cercbrospinal

> nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL perilonitis," etc. State cause for childbirth or misearriage as "Yverperal septichaeeause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accigenital," mere symptoms or terminal conditions, such as "As-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of

the certificate is permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond-All the data is essential and must be obtained before



1 PLACE OF DEATH 21024 STATE OF MARYLAND 50 SICIANS tement CERTIFICATE OF DEATH Registration Dist. No. If death occurred in D. a hospital or institution. give its NAME Instead of street and number. EXACTL RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH class 3 SEX 4 COLOR OR RACE SINGLE, 15 DATE OF DEATH stated MARRIED. 19101 PERMANENT WIDOWED OR DIVORCED (Year) (Month) (Dav) certificate RTIFY. That Lattended deceased from GEL 6 DATE OF BIRTH 510 pinous 90 (Day) (Year) If LESS than 7 AGE tal 1 day, hrs. (5 bac The CAUSE OF DEATH * was as follows: mla. ? 60 Q. pinin terms, so that See instructions on BACCUPATION supplied (a) Trade, profession, or particular kind of work husiness, or establishment in carefully which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF 0 FATHER Ď, (Signed) Piri nt O 11 BIRTHPLACE importa 0 RENT OF FATHER (State or country) *State the Disease Causing Drawn, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, 12 MAIDEN NAME =0 SUICINAL OF HOMICIOAL PA D. ENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 80 Very EW 13 BIRTHPLACE le tha AUS of infor OF MOTHER State, yrs. mee. (State or country) of dooth Every item of Instance CAL Where wee disease contracted, 14 THE ABOVE ! KNOWLEDGE If not of piece of death? Former or usual residence OF BURIAL OR REMOVAL J., 191.. 20 ADDRE Filed m If more blanks are meeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at heginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Carc should he wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwrite None. Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from (b) Autoof age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indcfinite); Tuberculosis of lungs, meningualified, is indcfinite);

genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can he ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Conchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, ctc. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," ctc. State cause cause. Always qualify all diseases resulting from childor miscarriage as "Puerpenal septichaemia," "Senile," etc.), The contributory (secondary or intercurimportant. wound of



N.B.

| Coun | yallyany 21025 (0) | CERTIFICATE OF DEATH |
|------------|--|--|
| J 11 | | Registration Dist. No. |
| Villag | ge or City Cumberland (No. 309, W. 2 FULL NAME Savah ann | Ward) [If death occurred in a bospital or institution, give its NAME instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SE | 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOOWEO OR DIVORCEO (Write the word) | 16 OATE OF DEATH DEC 25, 1915 (Month) (Day) (Year) |
| 6 DA | TE OF BIRTH (1842) | 17 t HEREBY CERTIFY, That I attended deceased from |
| 7 AG | E (Month) (Day) (Year) E If LESS than 1 day, ars. OR min.? | and that death occurred on the date stated above, at |
| b bus whi | Trade, profession, or ticular kind of work of the siness, or establishment in ich empleyed (or employer) | (Ouration) prs. mos. 5 ds. Contributory Mulray Requesty takens |
| RENTS | 10 NAME OF FATHER already Davis 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | (Signed) (State the DISPANS CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, |
| 4 TI | OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 4E ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE | 13 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ef death |
| 16 File | (Address) Consistentians (Address) Consiste | 19 PLACE OF BURIAL OR REMOVAL Linds Kendenth Leu 12/2 C., 191.5. 20 UNOERTAKER ADDRESS LANGE CONTRACTOR CO |

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc.: If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Colton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, ctc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part Women at home, who are engaged in Locomotive engineer, Civil If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," I. Lobur pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart discase; Chronic interstilial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound birth or miscarriage as "PUERPERAL scplichaemia," cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Anaemia" chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrales, etc. "Tumor" for malignant neoplasms); Measles; Whooping (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-State cause for which Never report mere "Atrophy," "Col-("Con-



1 PLACE OF DEATH STATE OF MARYLAND 0 5 Statement o CERTIFICATE OF DEATH County Registration Dist. No. give its NAME instead EXACTLY of street and number. I RECORD PERSONAL AND STATISTIC MEDICAL CERTIFICATE OF DEATH MARRIED. Widow 3 SEX 16 DATE OF DEATH stated PERMANENT OR DIVORCED (Month) (Day) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH pino eq Ce (Year) 40 TAGE If LESS than Lil 1 day, hrs. 34 8 O OR min. ? 4 that supplied 0 ons particular kind of work 0 instruct business, or establishment in term (Buratlen) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary See 5 pino rtant. 11 BIRTHPLACE ENT OF FATHER (State or country) the Disease Causing Dhath, or, in deaths from Violena CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. 00 4 of informations CAUSE OF LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State, _____yrs. ____mec. Every item of in should state CAI OCCUPATION I Where was discuss contracted, 14 THE ABOVE IS TRUE If not at place of death? Former ar unus renidenen 15 20 Z If more blanks are needed, address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the nisease causing neatin, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully For many occupations a single word or term on the Statement of Occupation -- Procise statement of occupa-Coal mine, etc. The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") nequalified, is indefinite); Tuberculosis of lungs, menin-

genital," SUICINAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitiai "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Mcastes (disease causing death), 29 ds.; Bronor miscarriage as "Puerperal septichaemia," "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion,"



SICIANS HY RECORD EXACT class stated PERMANENT certificate out m oq it may back of tel O Q 4 that supplied 0 in tarms, C See 5 pino 0 EO B. 0 of Informe Every item of should state COCCUPATION 0

1 PLACE OF DEATH 21027 STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in a hospital or institution, give its NAME instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIEO. WICOWED OR DIVORCEO (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) If LESS then 7 AGE and that death occurred on the date stated above, at 1 day, brs. The CAUSE OF DEATH * was as follows: OR min. ? 00 OCCUPATION (a) Trade, prefession, er instructions particular kind of work (b) Geograf nature of lodustry business, er establishmeet in which employed (er employer) Contributory 9 BIRTHPLACE (State or country 10 NAME OF FATHER Important. O 11 BIRTHPLACE (Address) .. RENT State or county *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, 12 MAIDEN NAME OF MOTHER 4 OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Very 13 BIRTHPLACE At wince OF MOTHER Stata, yra.de. 10 2000 (State or country ута. Whose was disease nontracted. 14 THE ABOVE IS TRUE If not at place of death? Farmar or esant residance PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1. 101.0 15 20 UNDERTAK ADDRESS If more blanks are needed, address State Registrar, 16 W-Saratoga St., Balte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," nenimonia, indefinite); Tuberculosis of lungs, menimonia, indefinite); Tuberculosis of lungs, menimonia,

on statement of cause of death approved by Committee SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) head-homicide; "Coma," (merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Dropsy," "Exhaustion," "Atrophy," "Colimportant. ("Con-



mportant

Very

0

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part statement. Never return "Laborer," Locomolive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, telonus) may be stated Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puerperal septichuemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. Example: Measles (discase causing death), 29 ds.; Bronnephrilis, etc. eough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Meosles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull The contributory (secondary or intercur-



21029 1 PLACE OF DEATH PHYSICIANS t statement of STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City. If death occurred in ct a hospital or institution, give its NAME Instead of street and number. 7 RECORD EXAC classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF GEATH stated MARRIED. PERMANENT MIDOWED OR OLVORCED (Month) property rtificate EBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH pino 867 COS (Year) (Month) (Day) Sh 10 if LESS than may AGE and that death occurred on the date stated above, at Li back 1 day, hrs. C THIS OR Min. ? a w 778.....ds. that 0 OCCUPATION palied (a) Trade, profession, or particular kind of work. (b) General natore of ladustry bosiness, er establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) C Spill (Burstien) 10 NAME OF C FATHER pino nt I 11 BIRTHPLACE 23.1015 Importa (Address) / 5 OF FATHER (State or country) REN 4 *State the Disease Causing Drate, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, 0 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. of information Ad OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 Very USE DR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) 9 of death ______yrs.______ds._____ds. Where was disease goetracted, O MY KNOWLEGGE PATIO If not at piace of death?.. Farmer er usual residence should socop PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. If retired from employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever If the occupation has been changed without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.... "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraesymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," chopneumonia Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound (secondary), 10 ds. The contributory (seeondary or intercur-Never report mere acid-probably use of



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1. oi Z

1 PLACE OF DEATH

| County allegary 21030 | CERTIFICATE OF DEATH |
|--|---|
| County All Gardy 21030 | Registration Dist. No. |
| Village or Oity Spring Lafe (No. 2 FULL NAME William Harry | St.; Ward) [If death occurred in a hospitat or institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Ihale This Single, MARRIED, WIDOWED OR DIVORCES - (Write the word) | 16 DATE OF DEATH Se (Month) (Day), 1915 |
| 6 DATE OF BIRTH October (Month) (Day) (Pea | that I last sawh huralive on Oct 29 1916 |
| 7 AGE If LESS th 1 day,h or | and that death occurred on the date stated above, at 3. Cm. |
| B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF FATHER William # Divale 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER HENRUITE SHOULT 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) | (Signed) . 181 . (Address |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Walkiam # Daniel | Where was disease contracted, if not at place of death? Former or usual residence |
| Filed D. C. 54, 1915 Luth Produp | 20 UNDERTAKER Tomas Men Sundander Date of Burial Date of Burial Der 6 , 191 5 Address |
| If more blanks are needed, address State Registr | ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Lealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial comployments, it is necessary to engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material werked on may form part Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenpenal septichiemia," mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Struck by railway train—accident; Revolver wound of to determine definitely. "PUERPERAL peritonilis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which (Recommendations Never report mere "Exhaustion,"



PLACE OF DEATH STATE OF MARYLAND 50 Statement o CERTIFICATE OF DEATH County Registration Dist. No. if death occurred in a hospital or institution. D. give its NAME instead en Ecka EXa of street and number.] EXACT RECORD classified MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX stated MARRIED. 915 PERMANENT QUIONIB RDIVORCE (Month) (Day) proporty certificate HEREBY CERTIFY, That I attended deceased pe 6 DATE OF BIRTH pino 1910 (Month) (Day) A if LESS than 7 AGE 10 and that death occurred on the date stated above 5 E hrs. Œ [a] back O mis. ? OR THIS 4 that 0 ed a) Trade, profession, or 910 iidqus particular kind of work terms, so (b) General nature of industry instruct bosiness, or establishment in Buration) UNFADING carefully which employed (or employer Contributory State or country Secondary . See 10 NAME OF Ď Ē onid portant H ENTS 11 BIRTHPLACE *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT OF FATHER EA CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, (State or country) SUICIDAL OF HOMICIDAL. 0 00 12 MAIDEN NAME E 0 0 OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION of Informati VOFY OR RECENT RESIDENTS) BIRTHPLACE in the At piece OF MOTHER (1) (State or country Where was dissess contracted, should state CA If not at piece of death usnal residence Every 15 \mathbf{m} If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Associution.]

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, dot gainfully of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations Struck by railway train-accident; Revolver wound of SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state warans of injury and qualify as accidental, surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull The contributory (secondary or intercurby carbolic acid-probably "Dropsy," "Exhaustion," State cause for which For VIOLENT DEATHS Never report mere



SICIAN statement DEATH Registration Dist. No. give its NAME instead of street and number. EXACTLY RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 6 SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word) (Month) (Day) properly ortificate. I HEREBY CERTIFY, That I attended deceased from pino 000 (Day) 7 AGE If LESS than 0 1 day, hrs. X 8 C OR mis. ? that OCCUPATION c so tha 0 (a) Trade, prefession, er ons particular kind of work instruct business, or establishment in term which employed (or employer) *Contributory 9 BIRTHPLACE Secondary (State or country) 00 10 NAME OF be C (Signed) S 11 BIRTHPLACE ENT OF FATHER State the DISEASE CAUSINO DAAM or, in deaths from (State or country) CAUSES, state (1) MEANS OF INJURE (3) d 12 MAIDEN NAME 0 00 OF MOTHER 4 0 Very of Informa 13 BIRTHPLACE OF MOTHER (State or country) 99 state CA should OCCUF 15 20 UND m If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

"Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autofirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons mobile factory. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," of age.

Statement of Cause of Death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train—accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemia," "Puenperal peritonitis," etc. State cause for which cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," lapse," "Coma," "Convulsions," "Debility" "Coma," "Senile," etc.), The contributory (secondary or intercur-"Dropsy," Never report merc "Exhaustion," acid—probably ("Con-



1 PLACE OF DEATH PHYSICIANS t statement of STATE OF MARYLAND DEATH Registration Dist. No. a hospital or institution. EXACTLY give its NAME instead of street and number. 1 RECORD PERSONAL AND STATISTICAL PARTICULARS classifi MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE. 16 DATE OF DEATH MARRIED WIDDWED OR DIVORCED (Month) HEREBY CERTIFY That I attended de 000 7 AGE D If LESS than ma ы back 1 day. O The CAUSE OF DEATH a min. ? that 20 OCCUPATION supplied (2) Trade, profession, er instructions particular kind of wark Des business, or establishment in carefuily which employed (or employer) BIRTHPLACE (State or country) Contributory plain See 10 NAME OF eq E FATHER (Signod) pino important ATH PARENTS 11 BIRTHPLACE OF FATHER (State or country) " *State the Disease Causing Drate, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER informati 11 11 0 ы 13 BIRTHPLACE SO OF MOTHER (State or country) should state CAI 4 Where was disease contracted. If not al place of death? Fermer er 3 / usual residenza 15 Filed m Z If more blanks are needed, address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (retired employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "PUERPERAL perilonitis," etc. State cause for which eause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping nephritis, etc. cough; Chronic valvular heart disease, Chronic interstitial or miscarriage as The contributory (secondary or intercur-"PUERPERAL septichaemia," "Dropsy," "Exhaustion," Never report mere



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Carc should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Lealer," etc., without more know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Rronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bronor miscarriage "Senile," etc.), "Dropsy," as "PUERPERAL septichaemia," State cause for which Never "Exhaustion," report mere wound of



PERMANENT

THIS

UNFADING

PLACE OF DEATH 3 SEX 7 AGE ARENTS

Very

OCCUPATION

classified.

properly AGE

pe

may

o

plain Instructions

2

EATH

0

OF Item Every Item CAUSE OF Important.

0



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.:...Ward)

Ilf death occurred in a hospital or institution, give its NAME inslead

of street and number.] 2FULL NAME..... PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Day (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) if LESS than and that death occurred on the date stated above, at 1 day 10 hrs. The CAUSE OF DEATH * was as follows: OR 7 yrs.....ds. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----Secondary (State or country) 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ____ mos. Where was disease contracted. If not at place of death?..... Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Flied. REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each aud every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing neath, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the msease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Can mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



| - | |
|-----|--|
| | |
| No. | |
| υ'n | |
| 7 | |

| Coun | PLACE OF DEATH My Allegatiney 22190 | STATE OF MAI CERTIFICATE O Registration Dis | F DEATH |
|---------|---|---|---|
| Villag | ge or City Manuel (No.), 2 FULL NAME Muchael Oll, | annu Ward) | [il death occurred in a hospital or institution, give its NAME instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE O | F DEATH |
| 3 SE: | All White the word) | (Month) 17 '- ! HEREBY CERTIFY, That I att | (Day) (Year) |
| 6 DA | TE OF BIRTH Och (Month) (Day) , 1850 (Year) | that I last saw h smallive on Aze | 23 ,1916 |
| 7 AG | 66 yrs 2 mos 8 ds. OR min.? | The CAUSE OF DEATH * was as follow | |
| bus (b | OCCUPATION) Trade, profession, or relicular kind of work) General nature of industry siness, or establishment in ich employed (or employer) | (Duration) | yre. mos. 9 de. |
| | (State or country) Baltimer | Contributory La Triffy | yrs. 9 mos. 1 9 ds. |
| S | 10 NAME OF FATHER Michael Garmon 11 BIRTHPLACE | (Signod) Stalkan | Funt M.O. |
| PARENTS | OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MOTHER | *State the DISEASE CAUSING DEATH OF, CAUSES, state (1) MEANS OF INJURY; and (SUICIDAL OF HOMICINAL. | (2) whether Accidental, |
| 0. | 13 BIRTHPLACE OF MOTHER (State or country) | OR RECENT RESIDENTS) Al place in the of deathyrsmoe,ds. Slate, | ,yrsmos ds. |
| | (Informant) | Where was disease contracted, If not at place of death? Former or usoal residence | |
| 15 | (Address) Majury Maj | Westerfish | Lese 26 , 191/5 |
| Flie | REGISTRAR | Mus JF Hobar | Fiedmont Wh |
| l v | If more blanks are needed, address State Registrar, I | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. | |

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as Al school or Al home. Care should be who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (o) Spinner, (b) Collon Housemail, etc. If the occupation has been changed the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Solesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa--Coal mine, etc. The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Ilobar pneumonia, Bronchopneumonia ("Pneumonia," meningialified, is indefinite); Tuberculosis of lungs, meningiality and the processing of the processing the processing of the process

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations Example: Meosles (disease causing death), 29 ds.; Brou-chopmeumonia (secondary), 10 ds. Never report mere on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, lelanus) may be stated head-homicide; Poisoned by carbolic acid-Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "Puerpenal perilonitis," etc. State cause for which "Heart failure," "H. emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," lapse," "Coma," "Convulsions," "Anaemia" (merely symptomatic), "Atrophy," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, etc. cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping to determine definitely. Examples: Accidental drowning, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," "Debility" -probably



A PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

91026

| Village or City Construction of Garden Sara | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| TAGE A COLOR OR RACE S aingle, MARRIED, Wildowed, OR DIVORCED (Write the Strange) (Write the Strange) (Month) (Day (Year) (Year) | 18 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from 1915, to See 1915 that I last saw home alive on Dec 17, 1915 |
| **SUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) | and that death occurred on the date atted above, at |
| 9 BIRTHPLACE (State or country) Ohio | Secondary Miners asthma |
| 10 NAME OF FATHER MOVIS GARYON 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER | (Signed) |
| OF MOTHER Ratherine Murray 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ON RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death? |
| (Address) 23 Brall 15 DEC 18 19131 Max Visitar | 19 PLACE OF BURIAL OR REMOVAL TASTLUNG 20 UN DEBTAKER ADDRESS ADDRESS |

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

S. No. 1.

N. B.-

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL neritonitis," etc. State cause for childbirth or misearriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as, "Asample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomenela-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Brouchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For VIO-



No.

state Very of OCCUPATION IS County. PHYSICIANS should Village or City * FULL NAME PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. SEX S SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) Exact stated-OF BIRTH properly classified. 4 (Month) (Day) (Year) pe 7 AGE If LESS than S should t day,hrs. INK-THIS 8 OCCUPATION AGE (a) Frade, protession, or particular kind of work. (b) General nature of industry, carefully supplied. may be business, or establishment in UNFADING which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that it 10 NAME OF FATHER 80 ō WITH pe 11 BIRTHPLACE on back DEATH in plain terms, PARENT OF FATHER (State or country) information should 12 MAIDEN NAME PLAINLY OF MOTHER See instructions 13 BIRTHPLACE OF MOTHER (State or country) WRITE of (intormant) OF CAUSE OF Important. (Address' 15 m REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

| - | Registration Dist. No. |
|----|---|
| | Osmand St.; Ward) [It death occurred in a hospital or institution, give its NAME lostead of street and number.] |
| 6. | Y 200 |
| | MEDICAL CERTIFICATE OF DEATH |
| - | 16 DATE OF DEATH 290 101, 1918 |
| | (Month) (Day) (Year) |
| - | 17 I HEREBY CERTIFY, I hat I attended deceased from 250 9 9 9 1915, |
| - | that I last saw h. M. alive on Dan 9 , 1915 |
| | and that death occurred on the date stated above, at 4-308m, |
| | The CAUSE OF DEATH was as follows: |
| - | Shyshime V assure |
| | Les Sulse |
| | (Duration) 2 yrc mos 4s. |
| | 0. |
| | (Secondary) |
| - | (Deration) yrs mos ds. |
| | (Signed) Ly Description, M. D. |
| 1 | 89010, 1915 (Address) Sollows of My |
| 1 | *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| ı | At place in the of death yrs mos ds. State yrs, mos ds. |
| | Where was disease contracted, If not at place of death? |
| | Former or usual residence |
| 1 | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | Cumbuland Dee 10, 1915 |
| 1 | 20 UNDERTAKER ADDRESS |



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many mine, etc. statement. material worked on may form part of the second cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; .(a). Salcsman, return "Laborer," "Foreman," As examples: The question For persons

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of "Hart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), Recommendations on statement of (disease causing (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 State cause for Never report For VIOde.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is nermanently filed.

The certificate is permanently filed.

The Committee of the Control of the Contro

21038 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH HYSICIAN statement Registration Dist. No..... Tif death accurred in a hospital er institution. give its NAME Instead Exac of street and number. EXACTL RECORD sified MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE 1913 class 3 SEX MARRIED stated WIDOWED OR DIVORCED (Write the word) PERMANENT (Day) (Month) attended deceased from r'I'y certificate 6 DATE OF BIRTH 0 pinoda 0 po If LESS than 0 TAGE may ick of 1 627. ... hrs. ш O OR mis. ? 3 A H Ba E O CCUPATION (a) Trade, profession, er ed. tha supplie ons Coarticular kind of work 00 (b) Geograf nature of industry terms, instructi business, er establishment in UNFADING which employed (or employer) carefully Contributory 9 BIRTHPLACE (State or country) 2 See 10 NAME OF 69 2 T important IL 6 no 11 BIRTHPLACE State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT ENT State or country CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, d Li SUICIDAL OF HOMICIDAL. PLAINLY 12 MAIDEN NAM Œ 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 4 OF MOTHE BL. of informati OR RECENT RESIDENTS) 0 VOFY 4 13 BIRTHPLACE At place CAUS OF MOTHER (State or country) of death yrs. 10 Where was disease contrasted, should state CAI KNOWLEDGE If not at place of death? 14 THE ABOVE ISATRUE Former or pausi residence 15 Filed. REGIST οż If more blanks are needed, address State Registrat 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Z

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulmobile factory. The material worked on may form part of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Toreman," "Manager," "Dealer," etc., mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line state oeeupation at beginning of illness. taken to report specifically the occupations of persons write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing neath, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever If the occupation has been changed If retired from without more

CAUSING NEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid peumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent neaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ansemia" on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tctanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, eause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-(merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Never report mere important.



PLACE OF DEATH 21039 STATE OF MARYLAND HYSICIANS statement of CERTIFICATE OF DEATH County Registration Dist. No. It death occurred in a hospital or institution. EXACTLY. give Its NAME Instead ot street and number. RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, WARRIED, WALL 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE stated OR OIVORCED (Write the word) (Month) (Day) properly ertificate. 17 CERTIFY, That I attended deceased from 6 DATE OF BIRTH pino Ce (Day) (Month) (Year) .0 7 AGE It LESS then P. O and that death occurred on the date stated above, at 1 day, hrs. CE E C The CAUSE OF DEATH OR min.? 4 pa that 00 OCCUPATION ed. (a) Trade, profession, er ilda ons particular kind at work NX 00 (b) General nature of Industry bosiness, or establishment in instruc which employed (or employer Contributory 9 BIRTHPLACE Secondary (State or country) C 0 20 10 NAME OF 5 FATHER (Signod) pino (Address) // 5 / ر الاالم BIRTHPM OF FATORER *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, State (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL. 4 Z (State or country) 12 MAIOEN NAME OC. 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENS 0 OR RECENT RESIDENTS) Еш Ve 13 BIRTHPLACE In the S OF MOTHER of douth mas.ds. State, ______prs. ____mee. 5 (State or country) should state CA Where was disease contracted, If not at piace at death? Former or ununi ranidenca DATE OF BURIAL ..., 101.0 15 Fled m If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons mobile factory. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated head-homicide; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deates birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Mara-mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid Struck by railway train-accident; Revolver wound of "PUERPERAL peritonitis," etc. State cause for which "Anaemia" "Coma," The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Dropsy," "Exhaustion,"



| County Allegany 21040 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. |
|--|--|
| VIIIage or City Beneficial (No. Alle | Gany HOSt; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX' 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORSES Wirds the Franke C | 16 DATE OF DEATH / 2 (Month) (Day) , 1915 |
| 6 DATE OF BIRTH Month (Month) (Day) (Year) | that I last saw healive on 231, 191 |
| 7 AGE 3 4 yrs. 7 mos. 1 4 ds. OR mlo.? | and that death occurred on the date stated above, archite. The |
| a) Trade, prefession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) | following splanian of lamp (Burellan) re mos sking Contributory Secondary |
| 10 NAME OF FATHER OF Dressman 11 BIRTHPLACE OF FATHER (State for country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER | (Signed) (Signe |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the state of death yrs. mes. ds. State, \$4 yrs. mes. ds. Where was disease contracted, Manual Lands of the place of death? |
| (Address) from kuland ma | |
| FHED AN 3 1916 PREGISTRAR | Journal Land No. 181. L. 181. |

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISBASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autocian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. engaged in domestic service for wages, as Servant, Cook, of the second statement. especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physinese of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acidto determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Puerperal septichaemia," "Dropsy," "Exhaustion," Never report mere -probably



1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. If death occurred in a hospital or institution,

give its NAME Instead of street and number. I

MEDICAL CERTIFICATE OF DEATH BY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH # was as follows:

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, to the

State, yrs. mos. ds.

ADDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

z

[Approved by U. S. Census and American Public Health Association.]

mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used engaged in domestic service for wages, as Servont, Cook, who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. only when needed. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Doy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Plunter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Cool mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory," (Recommendations and consequences (e. g., sepsis, tetonus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonities," etc. State cause for which birth or miscarriage as "Puenperal septichuemia," "Heart failure," "Hacmorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," chopmeumonia (secondary), 10 ds. Never report mere on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," Example: Meosles (disease causing death), 29 ds.; Bronnephrilis, ctc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping ges, peritonocum, etc., Carcinomo, Sorcoma, etc., of. rent) affection need not be stated unless important. (name origin; "Caneer" is less definite; avoid use of when a definite disease can be ascertained as the Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Convulsions," "Debility" "Atrophy," ACCIDENTAL,



| PLACE OF DEATH 21042 | STATE OF MARYLAND |
|--|---|
| County allegany | CERTIFICATE OF DEATH |
| 10 | Registration Dist. No. |
| July lesland on alless | Cit don't appropriate |
| Village or City Williage (No. 1994) | Se; Ward) a hespital or institution, give its #AME instead |
| 2 FULL NAME China May /4 | asur of street and number.] |
| 1 | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| MARRIED, WIDOWED | 16 DATE OF DEATH Dec 3 1, 1915 |
| temple White. (Write the word) Ming | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | Dec 30 1915 to Dec 31 1915 |
| (Month) (Day) (Year) | that I last saw her alive on See 3/ 191 6 |
| 7 AGE If LESS than | and that death occurred on the date stated above, at 20 m. |
| /2 yrs - mas /9 ds OR mig.? | The CAUSE OF DEATH * was as follows: |
| | Letanus |
| (a) Trade, profession, or Student | |
| (b) General nature of Industry | |
| business, or establishment in which employed (or employer) | (Duration) yra. moa. 3 de. |
| 9 BIRTHPLACE | Contributory Secondary |
| -na. | (Burallan) yra mos ds |
| 10 NAME OF Hartin Hages | (Signed) (R. It. Crowackes, M.O. |
| 11 BIRTHPLACE | Dec 3 1, 101 5 (Addran) Cumberland md. |
| Z OF FATHER (State or country) Mac. | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, |
| "BIRTHPLACE OF FATHER (State or country) "BIRTHPLACE OF FATHER (State or country) "BIRTHPLACE OF FATHER STATE TO THE STATE T | SUICIDAL OF HOMICIDAL. |
| 13 RIRTHPLACE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al mace |
| OF MOTHER (State or country) | of douthyramaads. State, tramaada. |
| 14 THE ABOVE IS TRUE TO THE BEST. OF MY KNOWLEDGE | Where was disease contrasted, if not at place of death? |
| (Interment) Martin Hager | Formar or lemmeleland wel. |
| (Address) Combarland mo | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) 26 American 2 | Kevre, thill Jan 3, 1015 |
| Fred N 3 191691 Max Nistin | 20 UNDERTAKER ADDRESS |
| REGISTRAR | James Sline Dile |
| If more blanks are needed, address State Registrate | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. nees of various pursuits can be known. The question tion is very important, so that the relative healthfulengaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business or industry, and For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in therefore an additional line Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," I. Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL perilonitis," birth or miscarriage as "Pubnperal septichaemia, cause. Always qualify all diseases resulting from childon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated to determine definitely. Examples: Accidental drowning; The nature of the injury, as fracture of skull The contributory (secondary or intercuretc. "Uraemia," "Weakness, State cause for which Never report mere wound



S. No.

[Approved by U. S. Census and American Public Health Association.]

"Foreman," "Manager," "Dealer," etc., without more -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, engineer, Stationary fireman, ctc. first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housemaid, etc. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil For persons who have no occupation whatever, If the occupation has been changed But in many cases, it is necessary to

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) "Coma," The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Convulsions," "Debility" ("Conby carbolic "Exhaustion," acid-probably



| ~ 11 | 211144 | STATE OF MA | RILAND |
|--|------------------------------------|---|---|
| County alle Jours | | CERTIFICATE (| OF DEATH |
| -0 | | (C, \mathcal{K}) | |
| | | Registration D | 18t. No |
| Village or City H M | 20 7 (No. | St.; Ward) | [death occurred in |
| | | | a hospital or institution, give its NAME instead |
| man has | me a Ha | 1115 | of street and number. |
| 2 FULL NAME / / LA | | | |
| PERSONAL AND STATISTIC | CAL PARTICULARS | MEDICAL CERTIFICATE | OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 | SINGLE, | 16 DATE OF DEATH A Q | - |
| r a welt | MARRIEO, MY | (Month) | (Day) (Year) |
| remale while | OR DIVORCED (Write the word) | 17 I HEREBY CERTIFY, That I a | |
| 6 DATE OF BIRTH | | Der 4th 1015 to A | u stte up |
| Selet | 3 184- | , 1910, 10 | , 1912 |
| (Month) | (Day) (Year) | that I last saw hallve on | 7 , 191.5 , |
| 7 AGE | If LESS than | and that death occurred on the date s | tated above, at 45m. |
| 73 3 | 1 day, hrs. | The CAUSE OF DEATH & was as follo | ws: |
| yrs mo | s. ds. or mio.? | Labor Prem | work |
| (a) Trade, profession, or | 1:4/ | | 101 Table |
| particular kind of work | se reeper | | ········ |
| (b) General nature of industry | 2 | | 9000*A********************************* |
| business, or establishment in which employed (or employer) | use work | (Duration) | yramosds, |
| 9 BIRTHPLACE | | Contributory | 7 000 * 0000 *** 001 000000 * 0000 0********** |
| (State or country) | Land | Secondary | |
| 10 NAME OF 19 | 11 11: | (Quralion) | yra. mos. ds. |
| FATHER NO. | m mathews | (Signed) | , M. O. |
| 11 BIRTHPLACE | my read care | See /9 191 3 (Address) 730 | atteurs hel |
| Z OF FATHER (State or country) | alend | *State the DISEASE CAUSING DEATH, O | r, in deaths rom VIOLENT |
| C 12 MAIDEN NAME |) di | CAUSES, STATE (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL | (2) whether Accidental, |
| of Mother Menes | Hall | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, | INSTITUTIONS, TRANSIENTS. |
| 13 BIRTHPLACE | | OR RECENT RESIDENTS) | |
| OF MOTHER (State or country) | walnus | of death yrs. mes. de. Stat | e,yrnmos dn. |
| 14 THE ABOVE IS TRUE TO THE BEST | OF MY KNOWLEDGE | Where was disease centracted, | |
| 9 | - ; | If not at place of death? | |
| (Informant) famus deur | W | usual residance | 000000000000000000000000000000000000000 |
| 1. mitt | a Mid | 19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
| (Address) Hy Value | | alla Game Can Of | 12/115 |
| 16 See 111 5-15/ | y Courage | 20 UNDERTAKER | ADORESS |
| Files , 191 | C- 7/10/ | ON GENTANCIE | |
| | REGISTRAR | Firesthurg Furniture & Underts | fing Ca. |
| If more blanks are | needed, address State Registrar, 1 | 6 W. Saratoga St., Balto., Requesting V. S. No. | 1. |

N. St. Bally D.

STATE OF MARYLAND

21044

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Caok taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But cian, Campositor, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If the occupation has been changed Women at home, who are engaged in Architect, Never return "Laborer," Locomolive engineer, in many eases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

and consequences (e. g., sepsis, tetunus) may be stated "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronto determine definitely. or miscarriage "Old Age," "Shock," "Uracmia," "Weakness," The contributory (secondary or intercuras "PUERPERAL septichaemia," Examples: Accidental drowning; State cause for which Never ACCIDENTAL, report mere



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, first line will be sufficient, e. g., Farmer or Planter, Physistate occupation at beginning of illness. or given up on account of the nisease causing neath, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, cian, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Statement of Occupation-Precise statement of occupa--Coal mine, etc. Stationary fireman, etc. But in many cases, Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the NISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); unqualified, is indefinite); Tuberculosis of lungs, mentin-

ges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of ... on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated BUICIDAL, OF HOMICINAL, Or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," chopneumonia (secondary), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping under the head of "Contributory." (Recommendations head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Anaemia" symptoms or terminal conditions, such as "Asthenia," (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," The nature of the injury, as fracture of skull, (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-10 ds. carbolic acid-Nevcr report mere -probably



PERMANENT 4 INK UNFADING WITH WRITE

state Very OCCUPATION IS PHYSICIANS 0 statement EXACTLY. Exact classified. pe O properly ed. pe supplie may certificate. that 08 30 pe back terms, pinous LO plain Instructions Information EATH In 10 A Item OF mportant. ы Every 8

21046 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County.... Registration Dist. No. fif death occurred to Village or City (No. St.:Ward) a hospital or institution, give its NAME lostead of street and number.] * FULL NAME MEDICAL GERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX 191. (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That attended deceased from 6 DATE OF BIRTH Almoth) (Day) If LESS than TAGE and that death occurred on the date stated above, at-1 dayhrs. OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributor 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed 11 BIRTHPLADE (Address) PARENT (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. mos. ... tate or country _ ds. State Where was disease contracted, 14THE ABOVE If not at Biace of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 . 191 20 UNDERTAKER ADDRÉSS Filed REGISTRAR

If more blanks are needed, address State Registrar, 6 M. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the diberal Causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPIEAL peritonitis," etc. State cause for childbirth or miscarriage, as "Putereral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 (name origin; "Can-"Exhaustion," da.;



No. 1.

02

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT stated EXACTLY. that it may be properly classified. AGE should carefully supplied. of information should be carefully su.

DEATH in plain terms, so that it m.
See instructions on back of certificate. CAUSE OF Important. S N. 18.

| Village or City Vale Sweet (No | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Jewale Hute Single, Married, Single Wilower, Surgle Wille the word) | 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| B DATE OF BIRTH Dec. 76, 1915 | that I last saw he alive on Dec. 26 1915 |
| 7 AGE (Month) (Day (Year) 1 I LESS than 1 day, hrs. 0 or mln.? | and that death occurred on the date stated above, at 10 p.m. The CAUSE OF DEATH* was as follows: |
| (a) Trade, profession, or particular kind of work. (b) General nature of Industry, | acute nephritis ? |
| business, or establishment in which employed (or employer) BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF Jewy Hobell | (Signed) C.P. Malker M. D. (Signed) M. D. (Signed) M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER 13 MAIDEN NAME OF MOTHER OTHER O | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or country) Mayland | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds |
| (Informant) The BEST OF MY KNOWLEDGE | Where was disease contracted, If not at place of death? Former or usual residence. |
| (Address) Vale Brunch My | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Filed, 19tREGISTRAR | Vale Clumnut De 29,1915 20 UNDERTAKER ADDRESS Floor thorn MA |
| | your July many Ma |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bolto., Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

eated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uce-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Laborer," "Foreman," As examples:

pneumonia"); Lobar pneumonia; Bronchopneumonia causing death (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., Carcinbrospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted ("Pneumonia," unqualified, is indefiuite): Tubercu-"Croup";) term for the same discase. Examples: Cerebrospinal Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> mia," "PUERPERAL peritonitis," mus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conample: Meastes affection need not be stated unless important. ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," etc. State cause for

If this certificate is looked over thoroughly and ail ques-tions answered in detail, it will prevent further correspondthe certificate is permanently filed. cuce. All the data is essential and must be obtained before



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state and DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.—Every Item of Information CAUSE OF DEATH in pial important.

22194 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| 1108.511.41.011 | |
|-----------------|------|
| | |
| | |

St.;....Ward)

[if death occurred in a hospital or institution, give its NAME instead

| PED | CONAL AND STATISTICAL DARTICH ADS | MEDICAL CENTERS | TE OF DEATH | |
|---------------------------------------|--|--|--|---|
| | SONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICA | TE OF DEATH | |
| 3 SEX | 4 COLOR OR RACE SSINGLE, MARRIEO, Sungle | 16 DATE OF DEATH | 19 | 1915 |
| m | widower, OROIVORCEO (Write the word) | (Month |) (Day | (Year) |
| | | I HEREBY CERTIFY, | That I attended de | eceased from |
| DATE OF BIF | may 16 | 191, to | \$ | 191, |
| | 10.04 | that I last south attendant | | |
| 7 AGE | (Month) (Day 3 (Year) | that I last saw halive on | Drug ten | u in |
| | If LESS than | and that death occurred on the date | stated above, at. Id | menerum |
| | 33 yrs 7 mos 3 ds OR min,? | The CAUSE OF DEATH* was as foll | | |
| BOCCUPATION | | Gun Shot would | in the forh | ead |
| (a) Trade, profess | | Whether murder a | · Luicick | i |
| particular kind of | TVI R | get to be determ | iened | 0.0000000000000000000000000000000000000 |
| (b) General natur business, or est | | | ************************* | |
| which employed (| | (Duratio | n)yrs | .mos |
| BIRTHPLACE | ~ / | Contributory Vertica | In Tile | |
| (State or c | ountry) many storm | Secondary | | |
| 10 NAME | OF A Section | (Durati | on)yrs | .mosds. |
| FATHE | in to the forth of the velle | (Signed) Que Que | recher | |
| 11 BIRTH | PLACE TO SELECT OF THE CHE | Dec 2) , 191 5 (Address) | antino) | 2 3 |
| Z OF FA | THER OF COUNTRY) | | | |
| Ш | "Hundleria | *State the DISEASE CAUSING DEA CAUSES, state (1) MEANS OF INJU- | TH, or, in deaths fi RY; and (2) whetl | rom VIOLENT her Acciden- |
| | OTHER / | TAL, SUICIDAL, OF HOMICIDAL. | | |
| ۵. | Haracels (ON moore). | 18 LENGTH OF RESIDENCE (FOR HOS | PITALS, INSTITUTIONS | TRANSIENTS, |
| 13 BIRTHI OF MO | THER OF COUNTRY) MAIN MANNEY. | At place | n the | |
| | 120140100 | of death yrs mos ds. | State yrs. | mos ds |
| 4 THE ABOVE | IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, If not at place of death? | | |
| (Interment) Estah W. Howell Former or | | *************************************** | | |
| (Intormant) | The state of the s | usual residence | 000-20000000000000000000000000000000000 | |
| (Address | (farlor maryland | 19 PLACE OF BURIAL OR REMOVAL | DATE OF | BURIAL |
| 5 | 10 - 0 | Lawrel Hill Cometers | Dec 2: | 2 1915 |
| my Dec 2 | 1 mt DU Benedon | 20 UNDERTAKER | ADDRESS | TO LOCAL |
| Lilena | REGISTRAR | \$ 8 B 0 | BT | |
| | If more blanks are needed, address State Regi | , or or our | waru | ac . |

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indl-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway trainsuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. childbirth or miscarriage as etc., when a definite disease can be ascertained as the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "PUERPERAL septichac-"Exhaustlon,"



>

| | PLACE OF DEATH 21048 | STATE OF MARYLAND |
|-----------|---|--|
| Coun | W Allegans | CERTIFICATE OF DEATH |
| Colum | | Registration Dist. No. |
| Villag | 30 or confinite expand Md Nousk 9,463 2 FULL NAME TO IN Jaok | Was daughterd St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Ma | 4 COLOR OR RACE 5 SINGLE, MARRIEO, Married Widowed OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) , 1915 |
| 6 DA | TE OF BIRTH | 17 I HEREBY CERTIFY, That I attended deceased from |
| | (- 186h | , 191, te, 191 |
| | (Month) (Day) (Year) | that I last saw h alive on, 191 |
| 7 AG | E If LESS than 1 day,hrs. | and that death occurred on the date stated above, at 60m |
| 5 | 49 yrs. 1888. OR min.? | The CAUSE OF DEATH * was as follows: |
| B 00 | CUPATION | Chrome Calrilar floit - |
| pai |) Trade, profession, or a Cover | |
| bus |) General nature of industry finass, or astablishment in ich ampleyed (or empleyer) | (Burellos) yrs. mos. dd |
| | PTHPLACE (State or country) harlestone Www. | Contributory Secondary |
| | 10 NAME OF FATHER | (Signed) Olm. A. Shaw. Cararel M. |
| ENTS | 11 BIRTHPLACE OF FATHER (Blass or country) (Blass or country) | *State the DIREASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. |
| PARE | 12 MAIDEN NAME OF MOTHER ULL MODELL | SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS |
| | 13 BIRTHPLACE OF MOTHER (State or country) Lee Tenoron | OR RECENT RESIDENTS) At place in the ef deathyreweede. State,yreweede |
| 14 TI | HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE | Where was disease contracted, If not at piece of deeth? |
| | (Informant) Plany Fr Cok. | Former or usual residence |
| | (Address) 14/7 Foraclorick VI, | 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL |
| 15 Fil | on Dec-18, 1915 Mar Hollen | 20 UNDERTANER ADVRESS |
| | PEGISTRAR | To Vollker Lefy |
| | / If more blanks are needed, address State Registrar, | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in the second statement. For persons who have no occupation whatever, If the occupation has been changed Never return "Laborer," If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") indefinite); Tuberculosis of lungs, menin-

rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of mus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convulsions," "De genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee Struck by railway train-accident; Revolver wound The contributory (secondary or intercur-Never report mere "Atrophy," "Col-"Exhaustion," acid-probably important. ("Con-



1 PLACE OF DEATH STATE OF MARYLAND of Statement of CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in 0 a hospital or institution. give its NAME instead d. Ey of street and number. RECORD EXAC PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE. 16 DATE OF GEATH 4 COLOR OR RACE stated MARRIED. PERMANENT WIOOWEO Ö OR OIVORCED (Month) (Day) (Year) properly srtlfionte. HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 70 120 Ce 90 Month (Day) If LESS than 7 AGE 0 ы 1 day, hrs. Ē CA O The CAUSE OF DEATH * was as follows: BB pplied ō /(a) Trade, profession, er ons A particular kind of work... 0 (b) General nature of industry besiness, er establishment in terms instruc which emplayed (or emplayer) Secondary ... 9 BIRTHPLACE (State or country) lain 1910 See 10 NAME OF FATHER C pino 나 I (Address) / 65 11 BURTHPLACE , 184.6. L *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. OFFATHER (State or country) 00 [1] 10.1 0 12 MAIOEN NAME 0 OF MOTHER Informati LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS 14 13 BIRTHPLACE In the At piece W OF MOTHER (State or country) ______yre. _____de. State, _____prs. ____mee. of daath \supset 4 Where was disease contracted, z 14 THE ABOVE IS TRUE U should state C If not at place of death?. Former or nenal residence DATE OF BURIAL OF BURIAL OR REMOVAL (Address) Poken Box 3., 191.5 15 20 UNDER Z

If more blanks are needed, address State Rogistrar, 16 W. Spratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulthe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in various pursuits ean be known. The question For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," ctc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" and consequences (e. g., sepsis, tetanus) may be stated state MEANS OF INJURY and qualify as eause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably "Anaemia" by railway train-accident; Revolver wound of "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intereuris less definite; avoid use of Never report mere "Atrophy," "Exhaustion," ACCIDENTAL,



| PLA | DE OF DEATH 21050 | 0 | Outside of STATE OF MARY | LAND |
|---|---|------------------|--|--|
| County | lleganns |)) | City Limit CERTIFICATE OF | DEATH |
| no. | | 108 | Registration Dist. | No. |
| Village or Ci | FULL NAME Sheets | TII, I | MI-13073 St.; Ward) | [If death occurred in a hespital or institution, give its NAME instead of street and number.] |
| PER | SONAL AND STATISTICAL PARTICUL | .ARS | MEDICAL CERTIFICATE OF | DEATH |
| 3 SEX | 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCEO (Wriss the word) | igle | 16 DATE OF DEATH | 5 / ,1915 (Day) (Year) |
| DATE OF B | - # | | 17 HEREBY CERTIFY, That I atten | ded deceased from |
| O DATE OF S | Dec. 21 | 1915 | 29e 2/,1915, to d) 30 | , 1915. |
| 7 AGE | (Month) (Day) | (Year) | and that death occurred on the date state | 1915., |
| 7 AGE | | 1 day, brs. | The CAUSE OF DEATH * was as follows: | od above, at |
| 0 / | | OR min.? | Buellis | th |
| e to desiness, er | natore of industry establishment in od (or employer) CE COUNTRY) | | Contributory Secondary | yra moo do. |
| 0 10 NAM | Marylan | 1 | (Duration) | yrada. |
| TAT | HER Am alram an | must. | (Bignod) | , M. D. |
| T OF | HPLACE FATHER ate or country) | | *State the Disease Causing Dham, or, in Causes, state (1) Means of Injury; and (2) | |
| E C MAI | MOTHER THAT I | 1 b b in | SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS | |
| 13 BIR OF (St | THPLACE MOTHER ate or country) M | | OR RECENT RESIDENTS) At whose Is the of death | |
| Z O I 4 THE ABOVE (Infermant of the control of the | E IS TRUE TO THE BEST OF MY KNOWLE | DGE M | if not at place of death ? | |
| COC (Add | ess) N 115 n. Centre | 11 | 1 Harm | Sec 21, 101 J |
| | 021, 1915 Max No | Ety REGISTRAN | 20 James Galfer A | orkess orly. |
| | If more blanks are needed, address S | tate Registrar, | W. Saratoga St., Balto., Requesting V. S. No. 1. | |



[Approved by U. S. Census and American Public Health Association.]

business or industry, and therefore an additional line is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons For many occupations a single word or term on the Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, Civil (b) Auto-

Statement of Cause of Death—Name, first, the DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... SUICINAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" on Nomenclature of the American Medical Association.) The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," "Exhaustion," "Atrophy," "Colacid—probably important ("Con-



| | | 5 | G. | |
|--------------|---|--|---|--|
| | 80 | FO | | |
| | 00 | AC | ed | |
| | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLN | should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Ex | |
| | <u></u> | P | 28 | |
| | Z | ate | 0 | |
| | Z | St | 두 | te |
| | È | pe | pod | Ca |
| | EB | P | pre | + |
| | ۵. | 300 | 0 | Cel |
| | A | S | Y | 10 |
| | 2 | SE SE | E | × |
| | S | d | # | bad |
| | H | 0 | at | C |
| | Y | = | 무 | O W |
| | Z | ddr | 80 | 0 |
| | G | SI | ns, | cti |
| | Z | = | 971 | tru |
| | AD | of | Ť | S |
| | ¥. | 80 | = | 0 |
| | _ | 9 | 0 | งั |
| | 프 | 70 | Ξ | |
| | ₹ | no | H | 8 0 |
| | > | 8 | EA | FO |
| | ¥ | 5 | Ω | 2 |
| | K | atl | 9 | > |
| | 굽 | E | M | re. |
| | ш | for | 50 | V |
| 7 | E | = | A | Z |
| | ≥ | of | 9 | 0 |
| | | E | tat | 1 |
| | | ite | 73 | 4 |
| | | Y | 3 | C |
| -6 | | EV. | sho | OCCUPATION is very important. See instructions on back of certificate. |
| 30 | | Ī. | 41 |) |
| V. 3. NO. 1. | | 00 | | |
| - | | Z | | |

| Village or City Ind Savage (No. | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. | | | | |
|---|--|--|--|--|--|
| Village or City (No. , St.; Ward) a hospital or institute give its NAME insteed of street and number | | | | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | | |
| Brack 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH Describe 17, 1915 (Month) (Day) (Year) | | | | |
| Decut 7 183. | that I last saw has alive on Dec 1915 | | | | |
| (Month) (Day) (Year 7 AGE If LESS th | and that death occurred on the date stated above, at Sam. | | | | |
| (a) Trade, profession, or particular kind of work (b) General nature of iodustry business, or establishment in | Caraman Bladdu - 1400 | | | | |
| which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF | Contributory Sylverstan (Burstlan) yrs. / mos. ds. | | | | |
| FATHER homes from II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME OF MOTHER OF MOTHER | "State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. | | | | |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place to the street death yrs | | | | |
| (Informant) Channa J Jose | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL | | | | |
| (Address) Survey of Filed Dec 17, 1915 Telshumay h | J Denst trutt ha | | | | |
| If more blanks are needed, address State Registrar, 16 W Saratoga St., Balto., Requesting V. S. No. 1. | | | | | |

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness, or given up on account of the DISEASE CAUSING DEATH, Housemaid, ctc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question business or industry, and therefore an additional line tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomolive engineer, But in many cases, If retired from Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bronby railway train-accident; Revolver wound The contributory (secondary or intercur-State cause for which Never "Exhaustion," report mere



[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully —Coal mine, etc. Women at home, wno are engageu in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the write None. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by Struck by railway train-accident; Revolver "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" mephrilis, etc. on Nomenclature of the American Medical Association.) (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debihty" ("Con-The contributory (secondary or intercurcarbolic acid-probably important. wound of



21052 1 PLACE OF DEATH 5 0 Statement o ecatur si; + 0. Exact RECORD EXACT sifical PERSONAL AND STATISTICAL PARTICULARS SINGLE. 16 DATE OF DEATH 3 BEX 4 COLOR OR RACE class stated MARRIED. PERMANENT WIDOWED OR DIVORCED Write the word) rtlfioate 17 O DATE OF BIRTH pino 00 (Day) (Month) (Year) If LESS then TAGE 50 rnay 1 day, hrs. back Ö OR min. ? S Q 4.0 H OCCUPATION
(a) Trade, profession, er E pplied. 0 particular kind of work ons INK (b) General nature of Industry terms, instructi business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary E See 10 NAME OF C FATHER (Signed) WITH pino ARGIN nt I BIRTHPLACE (State or country) 4 Z BE 0 Ш 12 MAIDEN NAME SUICIDAL OF HOMICIDAL 0 Œ ō OF MOTHER d 0 OR RECENT RESIDENTS 143 13 BIRTHPLACE At place S of Infor (State or country) WRITE 5 Every item of Inshould state CAI A Where wes disease contracted, 14 THE ABOVE IS If not at place of death ?. Former or usual residence OF BURIAL OR 15 00 02 Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Bako., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

If death occurred in a hespital or institution. give its NAME Instead

of street and number. MEDICAL CERTIFICATE OF DEATH Dec 1910 (Month) (Day) (Year) HEREBY CERTIFY, That I attended deceased from The CAUSE OF DEATH * was as follows: *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the DATE OF BURIAL ... 18 Yest.

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be mobile factory. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. write None. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menun-

nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), suicide. The nature of the injury, as fracture of skull, to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such. if impossible surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonitis," etc. State cause for which eause. Always qualify all diseases resulting from childon Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic or miscarriage as "Puerperal equichaemia," by railway train-accident; Revolver wound "Coma," "Convulsions," "Debility" ("Con-"Atrophy," "Colarrid-probably



1 PLACE OF DEATH

21053

STATE OF MARYLAND CERTIFICATE OF DEATH

| | Registration Dist. No. |
|--|---|
| ME Still for | Sta; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| IND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Muit Single, MARRIED, Widowed OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 A HEREBY CERTIFY, That I satended deceased from |
| Month So, 19/3 (Month) (Day) (Yoar) | that I last saw h allve on All Fru, 191. |
| yrs. ds. ds. or min.? | The CAUSE OF DEATH * was as follows: |
| stry t in | (Buration) |
| nuke-ml. | Contributory Secondary (Buration) yrs. des. |
| My 2- Millard | *State the Disease Causing Dath, of, in deaths from Visient Causes, state (1) Means of Injury; and (2) whether Accidental, Suprindal, or Homicidal. |
| Amin Junto | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placs In the sf deathyrsmeeds. |
| TO THE BEST OF MY KNOWLEDGE | Where was disease operacted, If not at place of death? |
| 1915 malay X | 18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 INDERTAKER ADDRESS ADDRESS (M) |
| REGISTRAR If more blanks are needed, address State Registrar, 1 | M W. Saratoga St., Balto., Requesting V. S. No. 1. |

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salcsman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer write None. Statement of Occupation-Precise statement of occupa-Coal mine, etc. The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease eausing death), 29 ds.; Bronnephritis, etc. SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal. septichaemia," cause. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which wound



20 7

| 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OF RACE SANARIED, MARNED, MIRONED, WIDOWED, WIDOWED, WINDOWED, | Registered No. [It death occurred a hospital or institution give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH |
|--|--|
| 4 COLOA OR RACE SINGLE, | |
| 4 COLOA OR RACE SINGLE, | 16 DATE OF DEATH |
| male Mule (Write the word) | (Month) (Day) (Year) |
| (Month) (Day) (Year) | Dec 15 1915, to Dec 16 1915 that I last saw h M alive on Dec 16 1 1915 |
| 1 9 yrs. / mos. 6 ds. ORmin.? | and that death occurred on the date stated above, at |
| GUPATION Irade, profession, or House Help General nature of industry, ess, or establishment in hemployed (or employer) | Olishan Sue to pelar alesses (Duration) yrs. mos. 8 |
| 10 NAME OF Julian Crites | (Secondary) (Signed) (Signed) (Signed) (Signed) |
| 11 BIRTHPLACE OF FATHER (State or country) | *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| 13 BIRTHPLACE OF MOTHER (State or country) Williams | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place of death yrs. mos. 1 de state yrs. mos. |
| nformant) The mas M " Hele | Where was disease contracted, Old John Md Former or usual residence. |
| (Address) Old Jown Mel. 1 Jan 1915 - Marshulton REGISTAR | 19 MAGE OF BURIAL OR REMOVAL PATE OF BURIAL 191. 20 UNDERTAKER ADDRESS ADDRESS |
| E CITCO Geh | (Month) (Day) (Year) (Month) (Day) (Year) If LESS than 1 day, hrs. OR min.? CUPATION rade, profession, or what work deneral nature of industry, iss, or establishment in employed (or employer) ONAME OF FATHER Julianu Crules 1 BIRTHPLACE of FATHER (State or country) wychow 2 MAIDEN NAME OF MOTHER (State or country) BIRTHPLACE OF MOTHER (State or country) ABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE MOTHAND (Address) MOTHAND (Address) MOTHAND MOTHAND (Address) MOTHAND MOTH |

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the material worked on may form part of the second additional line is provided for the latter statement cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistafement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal term for the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 as. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." sepsis, tetanus) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report



V. S. No. 1.

| County alla aug 21054 | City LimitsSTATE OF MARYLAND CERTIFICATE OF DEATH |
|---|---|
| Village or City burbuland (No Bedform) 2 FULL NAME Stellbarn | Registration Dist. No |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Wilder Hute Strate of Single, MARRIED, WIDOWED OR DIVORCED (Wrise the word) | 16 DATE OF DEATH (Month) (Day) , 19 (Year) |
| TAGE TAGE TAGE TO DATE OF BIRTH (Month) (Day) (Year) (Year) The LESS than than than, hirs. OR. min.? | that I ast saw h alive on 191 and that death occurred on the date stated above, at 191 The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, pratession, er particular kind of werk (b) General nature of ledustry business, er establishment in which employed (or empleyer) BIRTHPLACE (State or country) | State born (Buration yrs 2 mos Contributory Secondary |
| 10 NAME OF FATHER Paul Welfish 11 BIRTHPLADE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Dell Robinstette 13 BIRTHPLACE | (Signal (Signal) (Signal |
| OF MOTHER (State or country) luns frame 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (tofermant) | of death yra. man. da. Stata, yra. mee. Where was disassa contracted, If not at place of death? Former or usual racidence 19 PLACE OF BURIAL OR REMOVAL Lead, 191 |
| Filed Diase 7, 1915 - May Juston | 20 UNDERTABER ADDRESS Combedie 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

Outside of

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. know (a) the kind of work and also (b) the nature of the Housemaid, etc. If the occupation has been changed For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoi pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-

Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Never report mere nephritis, etc. and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably suell, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Struck by railway train-accident; Revolver wound "Puerperal peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" "Coma," (merely symptomatie), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Exhaustion," ACCIDENTAL



| Q | |
|--------|--|
| Z | |
| 7 | |
| 7 | |
| _ | |
| | |
| 2 | |
| FOR | |
| U | |
| Ĺ | |
| 0 | |
| П | |
| | |
| RESERV | |
| ш | |
| o | |
| u | |
| œ | |
| | |
| 7 | |
| = | |
| O | |
| ZOC | |
| 4 5 | |
| 5 | |
| ~ | |

N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD W. B. No. 1.

| | PLACE OF DEATH 21055 | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--------------------------------|--|---|
| C | ounty allegany | Registration Dist. No. |
| ٧ | f 1 | st.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 7 | white be word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) | (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from |
| 6 D | Tehny 22, 1/853 Glonth) (Day) (Year) | that I last saw her alive on Dec 4, 1915 |
| (a) pa (b) bus whi | CCUPATION) Trade, profession, or ricular kind of work General nature of industry, iness, or establishment in the employed (or employer) | and that death occurred on the date stated above, at 43 0 / m, The CAUSE OF DEATH* was as follows: |
| ARENTS | 10 NAME OF FATHER Stephen Baker 11 BIRTHPLACE OF FATHER (State or country) Cugland 12 MAIDEN NAME OF STATES OF STA | (Signed) (Daration) yrs mos ds. (Signed) (Signed) , M. D. October 191 J. (Address) Jan |
| 14 | OF MOTHER Chyabeth dimmon 13 BIRTHPLACE OF MOTHER (State or country) Chyabeth dimmon (State or country) Chyabeth dimmon (State or country) Chyabeth dimmon | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted, |
| 16 Fil | (Informant) James Macfarlane (Address) Int Sarage, Many Land ed 16, 1815 - Verlehmer Registrate Registrate | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS Local Control |
| | If more blanks are needed, address State Registra | r. 6 E. Franklin St. Balto Requesting V S No 1 |

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should he used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may he stated under the head of such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septicharmus," "Oid Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronical zer" is icss definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid—probably suicide. The nature of the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



Outside of STATE OF MARYLAND 21056 1 PLACE OF DEATH LY. PHYSICIANS Exact statement of mits CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hespital or institution. give its NAME instead EXACTLY of street and number. RECORD classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH stated MARRIED, WIDOWED PERMANENT OR DIVORCED (Month) be properly certificate. That I attended deceased from 6 DATE OF BIRTH should 90 (Day (Year) Month 0 7 AGE If LESS than GE SI 1 day, hrs. N.O. The CAUSE OF DEATH * was as follows: OR min.? 5 4 -9-8 bad so that 02 OCCUPATION supplied (a) Trade, profession, er instructions particular kind of work (b) General nature of ledustry terms, business, er establishment in carefully which emplayed (or emplayer) 9 BIRTHPLACE Contributory Secondary See in (State or country) 10 NAME OF pe c pino important. ATH (1) " BIRTHPLACE PARENT OF FATHER State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, 0 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER lb. of informati LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT very OR RECENT RESIDENTS 13 BIRTHPLACE At place in the State or country 10 of death State, yrs. mee. yrs. mes.da. should state CAI Where was disease contracted. if not at piece of death? ... Farmer or usual residence PLACE. 15 20 UNDERTARER ADDRESS m If more blanks are needed, address State Registrar, 13 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used write None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully For persons who have no occupation whatever, Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., scpsis, tctanus) may be stated SUICINAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," ctc. cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Mcasles; Whooping ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (name origin; "Cancer" is less definite; avoid use of "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which



| Cour | 1 PLACE OF DEATH 21057 | STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. |
|------------------|--|--|
| Villa | PULL NAME Mary Thilet | St; Ward) [if death occurred in a hospital or institution, give its NAME lostead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX | nole White Sangle, Married Wiower, Orgivorceo (Write the word) | (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from |
| DAT | (Month) (Day) (Year) | that I last saw held alive on Sec. 28, 1915. |
| (a) Tra | 1 day, hrs. or doubeurfl | and that death occurred on the date stated above, st. 3.30m, The CAUSE OF DEATH* was as follows: |
| busines which | nerat nature of Industry, s, or establishment in amployed (or employer) HPLACE e or country) | Contributory (Secondary) |
| SLUB | NAME OF FATHER Samuel Barnes BIRTHPLACE OF FATHER (State or country) MAIDEN NAME MAIDEN NAME | (Signed) (Si |
| 14THE | BIRTHPLACE OF MOTHER (State or country) ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds, State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or |
| 16 | Address) Address) Address A | 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS P. 6 E. Franklin St., Balto., Requesting V. S. No. 1. |
| | | |

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerthe nature of the business or Industry, and therefore an cases, especially in Industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the piskask Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as munc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But ln many Statement of occupation-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-"Foreman,"

losis of lungs, meninges, peritonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia term for the same discase. Examples: Ccrcbrospinal time and causation), using always the same accepted causing death (the primary affection with respect to "Croup"); Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cere-("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE (avoid use of

> cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puenperal peritonitis," etc. State cause for childibirth or miscarriage, as "PUERPERAL septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (name origin; "Can-Never report Examples: For VIO-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



1 PLACE OF DEATH

21058



(Year)

if LESS than

1 day, hrs.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| Juanto | [if death occurred in a hespitat or institution, give its NAME instead of street and number.] |
|---|--|
| MEDICAL CERTIFICATE O | F DEATH |
| 16 DATE OF DEATH LOCC | 21 1915 |
| (Month) | (Day) (Year) |
| that I last saw he alive on Lec | conded deceased from |
| and that death occurred on the date sta The CAUSE OF DEATH * was as follow Starvation | |
| *************************************** | ······································ |
| Contributory Carcinoma Spondary & return (Budllon) | of Florech |
| Loce, 22 195 (Address) Cum | buland but |
| *State the Disease Causing Dwath, or, Causes, state (1) Means of Injury; and (Suicidal or Homicidal. | in deaths from VIOLENT 2) whether ACCIDENTAL, |
| 18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS) At place in the ef death | INSTITUTIONS, TRANSIENTS, |
| 19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
| Evin Pa | 12/24, 1014, |
| 20 UNDERTAKER | ADTRESS |
| tal - a Walland 1 | umberland |

S. No.

0

L.

0

RESERVE

MARGIN

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from

unqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Lobar pneumonia, Bronchopneumonia ("Pneumonia, Statement of Cause of Death-Name, first, the DISEASE

> suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convu genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of. The contributory (secondary or intercur-"Dropsy," "Exhaustion," Never report mere "Atrophy," "Colimportant.

| PLACE OF DEATH 21059 County Allegany | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| | Registration Dist. No. |
| Villago or City Bershalland (No. allego Parts) 2 FULL NAME Bertha Marts | [tf death occurred in a hospital or institution, give its MAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVERSED (Write the profilem of | 16 DATE OF DEATH DEC, 1915' (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 Och 3/ 1910, to WEC , 1910, |
| (Month) (Day) (Year | that I last saw her alive on |
| 7 AGE If LESS the 1 day, br OR mis. | S. The CAUSE OF ACATUS was so follows. |
| (a) Trade, prefession, er particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) | Contributory Secondary (Burstien) yrs. / mes. 2 ds. |
| 10 NAME OF FATHER Steer Steensteller 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN N | 1111-11 |
| 13 BIRTHPLACE OF MOTHER (State or country) Ormany | OF LENGTH OF RESIDENCE (FOR HOSPITALS, LINGTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of doeth |
| (Informant) Musles Jelmsteller | Former or usual residence 29 K - Mexicanix H |
| (Address Brief Felmsteller (Address Brief Mary Mary 1977 PREGIEVERAR REGIEVERAR | St Peter & Paul De 1, 1915 |
| If more blanks and acaded address State Parist | |

[Approved by U. S. Census and American Public Health Association.]

mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulemployed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in various pursuits can be known. The question For persons who have no occupation whatever, If retired from without more

Statement of Cause of Death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar meanonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Maras-"Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Atrophy," "Col-Never report mere acid-probably ACCIDENTAL, important.



WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

A PERMANENT

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N.B.

| PLACE OF DEATH 21060 County Allegany 6 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. |
|--|---|
| Village or City Wishimfort (No | St.; Ward) [It deeth occurred la a hospital or lostitution, give its NAME instead of street and nomber.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Mule While Sangle, Infanto oppose the word) 8 DATE OF BIRTH | 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY GERTIFY, That I sttended deceased from |
| (Month) (Day (Year) 7 AGE (Month) (Day (Year) 1 (LESS than 1 day, 3 hrs. OR | that I last saw have allye on Dec 17 1915. snd that desth occurred on the date stated above, at 4-P m, The CAUSE OF DEATH* was as follows: |
| business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Williams halfe with the state of the state o | Contributory Secondary |
| 10 NAME OF FATHER BUT Mondagomy 11 BIRTHPLACE OF FATHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) | (Signed) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (lofermant) | of death yrs, mos, ds. State yrs, mos ds Where wes disease contracted, If not at place of death? Former or usoal residence |
| (Address) tulmonto WV | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS |

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more preelse speefessary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fleation as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutsis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligscpsis, tetanus) mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequenees (e. g., such, if impossible to determine definitely. Examples: cte, when a definite disease can be ascertained as the ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT IS UNFADING INK-THIS PLAINLY, WITH WRITE CAUSE OF Important. S

6 DATE

14 THE

16

| 1 | PLACE | OF | DEAT |
|--------|-------|----|------|
| County | al | le | ga |

21061

STATE OF MARYLAND CERTIFICATE OF DEATH

| Registration | Dist. | No | 12 |
|-----------------|-------|------|----|
| 11401211 MCIOII | 2136 | 110. | |

.St.; -Ward) [if death occurred in a hospital or institution.

| | FULL NAME Earl MO | give Its NAME instead of street and number.] |
|----------|--|--|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 s | Cale Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH December 17th, 1915 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 p | December 12 de 1915 (Month) (Day (Year) | Meleuber 12th, 1915, to Neceuber 17th, 1915, that I last saw here alive on Dec. 17th, 1915. |
| TA | The East Charles | and that death occurred on the date stated above, at 8 m, |
| | yrs mos ds 1 day,hrs. | The CAUSE OF DEATH* was as follows: |
| (a pa | CCUPATION) Trade, profession, or ricular kind of work CREATION CREATION | Lutracramal Hermuchage (Prierfieral) |
| bus |) General nature of Industry, iness, or establishment in ich employed (or employer) | (Duration) yrs mas 5 ds. |
| 9 8 | (State or country) Wayland | Contributory Secondary (Duration) yrs mos ds. |
| S | 10 NAME OF FATHER William Werrang | (Signed) M. M. Charwoll N. D. |
| PARENT | 11 BIRTHPLACE OF FATHER (State or country) Macyland | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- |
| PAR | of Mother Bertha Warniek | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTE |
| | 13 BIRTHPLACE OF MOTHER (State or country) Ulaufaced | At place In the ot death yrs mos ds. State yrs mos ds |
| | (Informant) Wall, Markary X | Where was disease contracted, If not at place of death? Former or usual residence |
| 16 | (Address): Midlaud. Uld | Topplace of Burial or REMOVAL DATE OF BURIAL DEC / 8 1915 |
| FII | ed DEC 18,1915 F. A Raileb | 20 UNDERTAKER ADDRESS |

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or fudustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) ³Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of lnjury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal schiichacaffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomencla-Aceidental drowning; Struck by railreay train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. ample: ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine defiultely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustlon," Never report For VIO-



| | PLACE OF DEATH 21062 | STATE OF MARYLAND |
|---|---|--|
| Coun | or the say | CERTIFICATE OF DEATH Registration Dist. No. |
| Villa | go or City maconing (No. , 2 FULL NAME Still Born | St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH |
| 3 SE | Nale 4 COLOR OR RACE 5 SINGLE, MARRIED, Ruefle OR DIVORCED (Write the word) | 18 DATE OF DEATH JEC /2 ,1915 (Month) (Day) (Year) |
| 6 DATE OF BIRTH Suc / 2 (Month) (Day) 19/5- (Year) | | 17 I HEREBY CERTIFY, That I attended deceased from , 191, 191, that I last saw h |
| 7 AG | | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: |
| OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) | | (Quration) prs. mos. ds. Contributory Secondary |
| PARENTS | 10 NAME OF FATHER Again Michael 11 BIRTHPLACE OF FATHER (State or country) Conacening— 12 MAIDEN NAME OF MOTHER OF MOTHER | (Signed) Acces O Collecte , M. 0. O'CL / S , 1915 (Address DEATH, or, in deaths from Violent Causins, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. |
| | 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO/THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of deeth |
| 16 | (Informant Prod. North Methods) (Address) Lenaconinf 10 84e 13, 1915 DBullock | Former or usual residence 19 PLACE OF BURIAL OR BEMOVAL ALA Cree Cemeter Sue 18 20 UNDERTAKER ADDRESS ADDRESS |
| | If more blanks are needed, address State Registron | The end of the ending |

[Approved by U. S. Census and American Public Health Association.]

mill; (a) Salesman, (b) (rocery; (a) Foreman, write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or Al Home, and children, not gainfully who receive a definite salary), may be entered as House-—(oal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Couon business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, mobile factory. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere nephrilis, etc. 'The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," "Anaemia" (merely symptomatic), "Atrophy," "Col-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; cause. when a definite disease can be accertained as the by railway train-accident; Revolver wound Always qualify all diseases resulting from child-"Convulsions," "Debility" ("Conacid-probably



STATE OF MARYLAND 00 SICIANS CERTIFICATE OF DEATH Registration Dist. No. HY I If death occurred in 0. a hespital or institution. give its NAME instead of street and number. I EXACTI RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS class 3 SEX 4 COLOR OR RACE SINGLE, 16 DATE OF GEATH stated MARRIEO. PERMANENT 191 WICOWEO OR DIVORCED be properly certificate. (Month) (Day) 17 I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191..... to pino (Day) that I last saw h.....alive on (Month) (Year) ck of 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day, hrs. O * was as follows: OR RM.? S 日出版 YIS 1935 0 OCCUPATION that supplied (a) Trade, prefession, er in terms, so tinstructions particular kind of work (b) Ceneral nature of industry business, or establishment in UNFADING carefully which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) a 00 SP 10 NAME OF 0 FATHER .0 (Signed) tion should in DEATH in important ARGIN O 11 BIRTHPLACE -OF FATHER REN State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12 MAIOEN NAME OF MOTHER 4 OR 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Very of informe OR RECENT RESIDENTS) 13 BIRTHPLACE 69 (State or country) of death State,yrs. _____mee. yrs. mss. ds. ZO Where was dissess contracted. 14 THE ABOVE IS Every item of should state C if not at slace at death? Former or usua! raeldence 15 m

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, the duties of the household only (not paid Housekeepers mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. The material worked on may form part Women at home, who are engaged in If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," I. Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound of BUICIDAL, OR HOMICIDAL, OR as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUTRPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitiat "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" (merely symptomatic), (name origin; "Cancer" is less definite; avoid use of "Coma," "Convulsions," "Debility" ("Con-The nature of the injury, as fracture of skull "Atrophy," "Colacid-probably important.



| PLACE OF DEATH 21064 | STATE OF MARYLAND |
|--|---|
| County all square, | CERTIFICATE OF DEATH |
| | Registration Dist. No. |
| VIIIago or City Carland No. 47, 10 | St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOOWEO OR DIVORCED (Write the word) | 16 OATE OF OEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deposed from |
| 6 DATE OF BIRTH | Dec/9, 1915 to Dee 20, 1915 |
| (Month) (Day) (Year) | that I last saw hamalive on 20, 1915 |
| 7 AGE If LESS than | and that death occurred on the date stated above, at # 20 |
| yrs. mas. 2 ds. 1 day, hrs. or mia.? | The CAUSE OF DEATH * was as follows: The 7 1/2 mo |
| BOCCUPATION (a) Trade, profession, or | with attelectasio |
| particular kind of work (A) (b) General nature of ledustry | |
| business, or establishment in which employed (or employer) | (Berellen) yre mee da |
| 9 BIRTHPLACE (State or country) | Contributory Spine Suffer |
| 10 NAME OF PATHER allorat Padkisto | (Signed) A. H. Orevackin, M. I |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER OF MOTHER LANGE OF MOTHER OF MOTHER LANGE OF MOTHER OF M | ** State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIOENTAL, |
| | SUICIDAL OF HOMICIOAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) |
| 13 BIRTHPLACE OF MOTHER (State or country) | At place In the of death yes, was, de. State, yes, mos. de. |
| (Informant) A Lout Pade 5/10 | Where wee disease contrasted, If not at place of death ? Former or usual racidence |
| (Address) Comment of Met | 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL |
| Fred DEG21 1910 Max Mottas | 26 UNDERTAKER ADDRESS CAMPANIA |

If more blanks are needed, address State Registrar, 16 y. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

on statement of cause of death approved by Committee SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," ctc. mus," "Old Age," "Shock," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. under the head of "Contributory." (Recommendations and consequences (c. suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by railway train-accident; Revolver wound cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) birth or miscarriage as The contributory (secondary or intercurg., sepsis, tetanus) may be stated "PUERPERAL septichaemia," by carbolic acid-probably "Dropsy," "Exhaustion," "Uraemia," "Weakness," State cause for which Never report mere "Atrophy," "Colimportant.



INK

UNFADING

pe

See instructions

0 Item F Every item CAUSE OF Important.

m

state

z

PHYSICIANS Short OF OCCUPATION

RECORD

PERMANENT

21065 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH allegacy Registration Dist. No. Ill death occurred in a hospital or institution. Its NAME Instead of street and number.] idleigh Bruce- Parker PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX MARRIED, S 16 DATE OF DEATH S SINGLE, WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That ! (Year) TAGE 11:05 P.m. If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in O yrs O mas 20 de which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted 14 THE ABOVE IS TRU osual residence 15 INDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Physician, Compositor, Architect, Lecomotive engineer, who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But in many first line will be sufficient, & g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The questlon tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenelascpsis, tctanus) may be stated under the head of lnjury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," cte.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



1 PLACE OF DEATH 21066 STATE OF MARYLAND Statement o CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead CTLY of streef and number. RECORD classified. EXA(PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED, Marrie 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED certificate. I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH 191....., to hould eq (Year) that I last saw h..... alive on (Day) 7 AGE If LESS than CF and that death occurred on the date stated above, at $/2\alpha_{\rm m}$ 1 day, hrs. back 3 O The CAUSE OF DEATH * was as follows: OR min. ? supplied. 0 (a) Trade, profession, er particular kind of work. terms, instructi business, er establishment in (Buration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory See in 10 NAME OF c THE 11 BIRTHPLACE PARENT OF FATHER (State or country) Ø *State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accedental, CO 12 MAIDEN NAME LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 EM OR RECENT RESIDENTS) 13 BIRTHPLACE Infori In the S (State or country) CAUS of doots ______yrs. ______ds. _____ds. should state CAL Where was disease contracted, if not at place of death?... Former or neunt residence 15 20 UNDERTAKE ...l.Q., 191 m Z 16 W. Saratoga St. Batto., Requesting V. S. No. 1. If more blanks are bo

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the nisease causing neath, engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," neumonia, Bronchopneumonia ("Pneumonia," neminational meningitis indefinite); Tuberculosis of lungs, menin-

Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent neaths etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Mcasles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICINAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childsuicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; or miscarriage as "Puenperal septichaemia," The contributory (secondary or intercur-"Dropsy," Never report mere "Atrophy," "Exhaustion," ("Con-



| Village or City Pressure (No. | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death eccurred in a hospital or institution, give its NAME instead of street and number.] | | |
|---|---|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| Female Hute Single, Surgle MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the World) | 16 DATE OF DEATH 12 - 14 , 1915 (Month) (Day) (Year) | | |
| 6 DATE OF BIRTH / 25 19// | that I last saw h & alive on Sec. 3, 1915, | | |
| 7 AGE (Month) (Day) (Year) 1 day, hrs. OR mln.? | and that death occurred on the date stated above, at 2 9, m. The CAUSE OF BEATH * was as follows: | | |
| particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) | Contributory Replication yrs. mos. /5 ds. | | |
| 10 NAME OF FATHER SOLVAND PRICES 11 BIRTHPLACE OF FATHER (State or country) SWOOLU SKAPP, MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT | (Signed) | | |
| 13 BIRTHPLACE OF MOTHER (State or country) Sugland. | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place. of deathyrsmesds. State,yrsmesds. Where was disease contracted, | | |
| (Informant) STRUE TO THE BEST OF MY KNOWLEDGE) | Former or ueual residence | | |
| (Address) Brall Sulf Me | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL | | |
| Filed, 191 REGISTRAR | 20 UNBERTAKER ADDRESS Trostburg | | |
| If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. | | | |

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, changed in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe dyties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Tealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, business or industry, and therefore an additional line Iousemaid, etc. If the occupation has been changed know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupaployed, as At school or At home. Care should be Coal mine, etc. , Housework, or At Home, and children, not gainfully For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer," But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as birth or miscarriage as "Puerperal septicharmia," "Puerperal peritonitis," etc. State cause for which suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, OF HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning: etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcona, etc., of..... "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," "Exhaustion," ACCIDENTAL,



UNFADING INK-THIS IS

Very should state

PHYSICIANS RECORD

may be properly classified. Exact statement of OCCUPATION is

be stated EXACTLY.

should

AGE

carefully supplied.

should be

ō 0.1 Every item GAUSE OF Important.

m ż See instructions on back of certificate.

DEATH in plain terms, Information

V. S. No. 1.

| 1 | PLACE | OF | DEAT | CH |
|--------|-------|----|------|----|
| | 11 | P | | |
| County | UV | ag | ac | y |

21068

STATE OF MARYLAND CERTIFICATE OF DEATH

| | | - / | |
|--------------|-------|-----|---|
| Registration | Dist. | No. | U |

| Vill | lage or City Lux Rovage (No. | Registration Dist. No |
|----------------------|--|--|
| | 2FULL NAME Baby Poque | give its NAME Instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SE | wale White Wood or Divorced (Write the word) ATE OF BIRTH See 24 1914. | 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from the company of the |
| TAC | (Month) (Day (Year) GE If LESS than 1 day | and that death occurred on the date stated above, at |
| (a) par (b) busi whi | CCUPATION) Trade, profession, or rilcular kind of work | Trevalers Birth (O Union # 150 mos. d |
| ARENTS | 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | (Signed) (Ooration) yrs mos d (Signed) (Address) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal. |
| 14 T | OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENCE) At place in the of death yrs mos ds. State yrs mos d Where was disease contracted, if not at place of death? former or |
| 16 | (Address) Cet Zoot gr | 19 PLACE OF BURIAL OR REMOVAL Works Low Quelony Xea 25th, 1911 20 UNDERTAKER ADDRESS |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-"Manager," "Dealer," etc., without more precise speciit should be used only when needed. first line will be sufficient, e. g., Farmer or Flanter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



EXACTLY RECORD clas stated be properly certificate. pino pe may 0 back O lied. C supplie instructions So terms, carefully 2 plai 2 pino important. I Sh 2 0 Very of informs should state CA OCCUPATION

m

PHYSICIANS t statement of

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.. If death occurred in a hespital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 CDLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at // I'm. 1 day, hrs. was as follows: OR min. ? OCCUPATION (a) Trado, profession, er particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENTS *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country 12 MAIDEN NAME 0 4 OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the At placs OF MOTHER Stats. (State or country)yrs.ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE OF MY KNOWLEDGE if not at place of doeth?.. Former or usual raeldenco PLACE OF BURIAL OR DATE OF BURIAL (Address) UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As exact ples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) rovery; (a) Foreman, (b) Automobile factory. The material are alon may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Feeler," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired (yrs.). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fiver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of...... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracınia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAUTY

N.B.

| PLACE OF DEATH 21070 | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|---|
| County Millian Grand Gra | Registration Dist. No. |
| 2 FULL NAME JOLE POR | [If death occurred in a hospital er institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Mals 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH OF STATE OF DEATH (Month) (Day) (Year) |
| DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended deceased from 1915, to 1915, that I last saw h alive on 1915, |
| AGE If LESS than 1 day, hrs. OR mia.? | and that death occurred on the date stated above, at //m. The CAUSE OF DEATH * was as follows: |
| B CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) | (Duration) yrs mos ds. Contributory my Cardity Secondary (Ouration) yrs mos ds. |
| 10 NAME OF FATHER Washington Portmess 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE | (Signed) *State the Dispass Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) POLYT PRINTERS | At pisce in the effect to the state, yes mes de. State, yes mes de. Where was discess contracted, if not at piece of death? Former or usual residence |
| Filed DEC 3 1 1913 Filed DEC 3 1 1913 Filed REGISTRAR If more blanks are needed, address State Registrar, 1 | PLACE OF BURIAL OR REMOVAL POSS HULL OUNDERTAKER JOHN C Wolfow Cumberland 6 W. Saratora St., Balto, Requesting V. S. No. I. |

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, -Coal mine, ctc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoprecise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, Never return "Laborer," Locomotive engineer, But in many cases,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") mqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracinia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy,
"Convulsions," "Debility" Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of head-homicide; Poisoned by corbolic acid-probably "PUERPERAL perilonilis," etc. birth or miscarriage as "PUERPERAL septichaemio," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valuular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which "Atrophy," "Exhaustion, ("Con-



PLACE OF DEATH

| • | allegan 21071 (2) | CERTIFICATE O | F DEATH |
|----------|---|---|--|
| Coun | ty original | Registration Dis | 1 |
| Villa | go or City Cumberland (No. 111, H | veltil st; Ward) | [If death occurred in a hespital or institution, give its NAME instead |
| | 2 FULL NAME OWN Pryor | · · · · · · · · · · · · · · · · · · · | of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE C | F DEATH |
| 3 SE | 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word) | 16 DATE OF DEATH December (Month) | 2 7 , 1915 (Year) |
| 6 DA | TE OF BIRTH | Die 21 1915 to 19 | tended deceased from |
| | april 14, 1886 | that I last saw h Ann alive on 19 | e 17 191 7 |
| 7 AG | E (Donth) (Day) (Year) | and that death occurred on the date st | ated above, at |
| | 29 yrs 8 mas 8 ds 1 day, hrs. or min.? | The CAUSE OF DEATH * was as follow | vs: |
| par | CCUPATION) Trade, profession, or ticular kind of work) General nature of industry | Premoria (| Lobar, |
| bu | iness, or establishment in Cerus. Hotel | n _{urq} llon) | yrs mes. 4. ds. |
| 9 81 | RTHPLACE (State or country) | Secondary Secondary | /h |
| H | 10 NAME OF FATHER 67 | (Signed) J. W. U.S. | , M. 0. |
| ENTS | 11 BIRTHPLACE OF FATHER: (State or country) | *State the DISEASE CAUSING DEATH, OF, CAUSES, state (1) MEANS OF INJULY; and Suicidal or Homicidal. | |
| A | 12 MAIDEN NAME . OF MOTHER | SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, | |
| Δ. | 13 BIRTHPLACE OF MOTHER (State or country) | OR RECENT RESIDENTS) At pisce In the of desth | yrsmoe,ds. |
| 14 T | HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) May By A | Where was disease contracted, if not at piece of death? Former or usual residence | |
| - | (Address) III Greetlya St. | 19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
| 15 FI | DEC24 1912 Max Sutten | 20 UNDERTAKER | ADDRESS |
| | If more blanks are needed, address State Registrar, 1 | 16 W. Saratoga St., Balto., Requesting V. S. No. 1 | · |

CTATE OF MADVIAND

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired E yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-"Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia," Lober pneumonia, indefinite); Tuberculosis of hungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tdanus) may be stated head-homicide; Poisoned by to determine definitely. Examples: Accidental drowning: Struck by railway train—accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which state means or injury and qualify as accidental, birth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the eause. mus," "Old Age," "Shock," "Uratinia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Anaemia" (merely symptomatic), "Atrophy," Collapse," "Coma," "Convulsions," "Debility" ("Conlapse," "Talandaria") symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," carbolic acid-probably "Exhaustion,"



BINDING FOR RESERVED MARGIN

| | st. |
|---|--|
| RECORD | PHYSICIANS should of OCCUPATION IS |
| WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should str CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ve Important. See instructions on back of certificate. |

21072

PLACE OF DEATH

STATE OF MARYLAND

| Village or City Testburg 2FULL NAME Male | (No2 0 3 /1) Theed of | CERTIFICATE OF DEATH Registration Dist, No. [It death occurred in a hospital or institution, give its MAME instead of street and number.] |
|--|---------------------------------|---|
| PERSONAL AND STATISTICAL PART | ICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX Male 4 COLOR OR RACE SINGLE, MARRIED WIDOWED OROIVOE Write t | | 16 DATE OF DEATH 12 8 ,1914 (Month) (Day (Year) |
| 6 DATE OF BIRTH | | 17 I HEREBY CERTIFY, That I attended deceased from |
| (Month) (Da | | that I last saw h alive on ,191, 191 |
| Dead born | If LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work | | Dead Born |
| (b) General nature of industry, business, or establishment in which employed (or employer) | | (Duration) yrs mos ds |
| 9 BIRTHPLACE (State or country) Mary Can | d | Contributory Secondary (Deration) yrs mos ds |
| 10 NAME OF Theliam (Is | gh | (Signed) La MOM Lane, M. 9 |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MOTHER | und | *State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| of MOTHER Flotene | ynch | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT |
| 13 BIRTHPLACE OF MOTHER (State or country) Many la | nd | At place in the ot death yrs mos ds. State yrs mos ds |
| (Interment) THE ABOVE IS TRUE TO THE BEST OF MY K | NOWLEDGE | Where was disease contracted, If not at place of death? |
| (Address) Freshu | ig Mid | 19 FLACE OF BURIAL OR REMOVAL SATE OF WRIAL CALLOLIC COM SEE , 1915 |

If more blanks are needed, address State Registrar, 6 E. Franklin st., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing nearii, state occupation at beginning of illbeen changed or given up ou account of the nisease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a slugle word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be judi-Never return "Laborer," "Foreman," If the occupation has As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or uniscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertakeu. For vio-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of Mcastes (disease causing (Recommendations on statement of (secondary or Intercurrent) death), 29 ds.;



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH Every Item of Information should be CAUSE OF DEATH in plain terms, se Important. N. B.

Very

County-

| PLACE OF DEATH | 29199 | 111/11/11 |
|----------------|-------|-----------|
| allegony | | 10,0X3 |
| 0 0 | | |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ..

| Vil | lage or City 3 | rostlu | 9(No | Mine | s Horjetal | St.; Ward | give IIs NAME Instead |
|-------------------------|---|---------------|--|---------------------------------|--|--|-----------------------------|
| | ²FULL N | AME | Frau | Klin | D. Paley | *************************************** | of street and number.] |
| | PERSONAL | AND STATISTIC | CAL PARTICULA | RS | MEDICA | L CERTIFICATE O | F DEATH |
| 3 s1 | rale 1 | olor or race | Single, MARRIED, WIDOWED, ORDIVORCED (Write the wo | ingle | 16 DATE OF DEATH | (Month) BY CERTIFY. That | 14 , 191.5. (Day (Year) |
| 6 D | ATE OF BIRTH | (Month) | (Day | , /(Year) | | 191 <u>5</u> , to 10 | Dec 14, 1915 |
| 7 A | | . 2 | mosds. | If LESS than I day,hrs. ORmin.? | The CAUSE OF DEATH | * was as follows: | d above, at CHOPm, |
| (a) po (b) bus | CCUPATION Trade, profession, or rilcular kind of work Generol nature of induiness, or establishmen chemployed (or employed) | t in | Louis. | | acute Inte | That water | yrs. mos. de. |
| 98 | RTHPLACE (State or country) | ned. | | | Secondary and legs. | degree (Doration) | yrs mos 5 ds. |
| STN | FATHER 11 BIRTHPLACE OF FATHER (State or cou | tank: | w. Rale | 4 | Oct 14Th, 1915 | CAUSING DEATH, O | r in deaths from Violena |
| PARENT | 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or cou | Clore El | Clerkie | lles | TAL, SUICIDAL, OF HOST 16 LENGTH OF RESIDE OR RECENT RESIDENTS At place of dealhyrsm | EANS OF INJURY; a MICIDAL. NCE (FOR HOSPITALS) lo the os. Slale . | , INSTITUTIONS, TRANSIENTS, |
| | (Informant) | TE TO THE BES | of My Know of Rales | 1 | Where was disease contracted if not at piece of deeth? Former or usual residence. Security of Burial | e At Circle | Socere Sto. Frosthung |
| 15 . Fil | 1)00.11 | 1975 Dal | L. Con | roy | Trostburg 20 UNDERTAKER 4 | alld. | Der. 16,1915 |

If more blanks are needed, address State Registbar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physiciam, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Tuerperal peritonitis," etc. State cause for thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 as. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF-AS probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For vio-



PLACE OF DEATH STATE OF MARYLAND HYSICIANS statement of CERTIFICATE OF DEATH County. Registration Dist. No. If death occurred in a hospital or institution, give its NAME instead F Z of street and number. T RECORD EXACT PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, 3 SEX 6 16 DATE OF DEATH cisss 4 COLOR OR RACE stated PERMANENT WIDOWED OR OIVORCED (Write the word) (Month) (Day) (Year) rix certificate 17 CL. 0 pino 0 (Year) (Day) (Month) If LESS than TAGE OF 1 day, 8 hrs. S The CAUSE OF DEATH # wes as follows: 0 min. ? THIS P C pplled. OCCUPATION
(a) Trade, prefession, or tha 0 Instructions particular kind of work 200 (b) Ceneral nature of industry business, or establishment in term which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 18 00 20 10 NAME OF 0 (Signad) à. C THI Important O 11 BIRTHPLACE OF FATHER (State or country PARENT State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 4 CAUBES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIOAL OF HOMICIOAL. 12 MAIDEN NAM E 0 OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, of Informati Very OR RECENT RESIDENTS) 13 BIRTHPLACE in the At plecs OF MOTHERyrs.ds. Stats. 99 (State or country) of death should state CAL Where was disease sentrasted, 14 THE ABOVE IS If not at place of death? Former or neunt residence OF BURIAL (Address) 20 UND ADDRESS m If more blanks are needed, address State Rogistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autofirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freeman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and eonsequences (e. head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convu genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiai "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of The nature of the injury, as fracture of skull The contributory (secondary or intercurg., sepsis, tetanus) may be stated "Puenperal septichaemia," "Dropsy," Never report mere (Recommendations "Exhaustion," important. wound of



1 PLACE OF DEATH Untside of STATE OF MARYLAND PHYSICIAN t statement Registration Dist. No. If death occurred in a hespital or institution give its NAME instead of street and number. EXACTL RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE stated MARRIED, PERMANENT WIDOWED OR DIVORCE (Write the write (Month) (Day) gorly. ! HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH prop pino 900 0 (Day) (Year) TAGE If LESS than GE SI 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? d + g pplied tha 00 (a) Trade, profession, or ons particular kind of work 80 terms, instrucți business, er establishment la which emplayed (or emplayer 9 BIRTHPLACE (State or country) Contributory Secondary c See 10 NAME OF C FATHER (Signed) I BIRTHPLACE FNT ō OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUIGINAL OF HOMICIDAL. 0 Œ 12 MAIDEN NAME 4 OF MOTHER atl O 18 LENGTH OF RESIDENCE (FON HOSPITALS, INSTITUTIONS, Very EW 13 BIRTHPLACE of Inform 11 (State or country) should state CA m

If more blanks are needed, address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, ctc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-

birth or miscarriage as "Puenpenal septichaemia," "Puenpenal peritonitis," etc. State cause for which state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convul genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; "Anaemia" nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumer" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of head-homicide; (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by carbolic acid-probably report mere important. wound of



[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective age. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used engineer, For many occupations a single word or term on ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal minc, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Stationary fireman, etc. But in many eases, The material worked on may form part Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and eonsequences (c. g., sepsis, tetanus) may breatated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, Or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal perilonius, etc. State cause for which eause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitia ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Anaemia" "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Exhaustion," acid-probably unportant



1 DI 400 OF DEATH

| County allegany 21076 | Outside of STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| 000 | Registration Dist. No. |
| VIIIage or City Cumbuland (No. 1. De 2 FULL NAME Just Bobe | [If death occurred in a bespital or institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male White Single, Married, Wildowed or Divorced in gle O DATE OF BIRTH 4 COLOR OR RACE 5 SINGLE, MARRIED, Wildowed OR DIVORCED IN gle (Write the wild might | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (2/2, 9, 191.5., |
| 7 AGE (Month) (Day) (Year) 1 day, hrs. | and that death occurred on the date stated above, at 5.4 m. The CAUSE OF DEATH * was as follows: |
| OCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of ledustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) | (Buretlon) / yre. moe. de. |
| 10 NAME OF Blisha Robinette. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER | (Signed) (Signed) (Signed) (Signed) (State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (Signed) (State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) M. Cooper Sanitorius | on RECENT RESIDENTS) At piece al death yrs. 2 mas. ds. State, 66 yrs. mas. ds. Where were disease contracted Balto Pike Carastelland Former or usual residence. |
| (Agdress) Connection of Ma | Jan New Church Jan 2. 191 So and Service St. Rate Requestion V & No. 1 |

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as 'At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar menmonia, Bronchopneumonia ("Pneumonia,") nenimonia, indefinite); Tuberculosis of lungs, menimonia

surgical operation was undertaken. For VIOLENT DEATHS "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound suicidal, or homicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PURRPERAL peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease oausing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; (secondary), 10 ds. The contributory (secondary or intercuras "PUERPERAL septichaemia," "Dropsy," "Exhaustion," State cause for which Never report mere important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB - 2 1916
BUREAU, V.S.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

Z.B.

| PLACE OF DEATH 21077 | STATE OF MARYLAND |
|--|---|
| County allegans | CERTIFICATE OF DEATH |
| | Registration Dist. No. |
| Village or City 4 Austrug (No. | St.; Ward) [If death eccurred in a hespital or institution, give its NAME instead |
| 2 FULL NAME Which Ku | binker of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male Marte (Write the word) | 16 OATE OF OEATH /2 / 7, 1915 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 HEREBY CERTIFY, That I attended deceased from |
| Myrch 23, 1845 | that I last saw ham alive on See 7 1915, |
| 7 AGE If LESS than | and that death occurred on the date stated above, at m. |
| 70 yrs. 8 mos. 20 ds. 1 day, hrs. OR mlo.? | The CAUSE OF DEATH * was as follows: |
| OCCUPATION (a) Trade, profession, or Marticular kind of work | Treuming Colan |
| (b) General nature of industry business, or establishment in which employed (or employer) Labor Work | (Buration) yrs. mos. Sads. |
| 9 BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF GROOTE Redings | (Staned) (Staned) (Staned) (Staned) |
| 11 BIRTHPLACE OF FATHER (State or country) MANAGE MA | *State the Dispass Causing Death, or, in deaths from WOLENT Causes, state (1) Means of Injuny; and (2) whether According L. |
| 12 MAIDEN NAME OF MOTHER ROCKES AND MANAGE OF MOTHER ROCKE | SUICIDAL OF HOMICIDAL. 18 PROSERVE RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, |
| 13 BIRTHPLACE OF MOTHER (State or country) MA Known | OR RECENT RESIDENTS) At place In the of deathyrsmeeds. State,yrsmesds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE | Where was disease contrasted, If not at place of death? |
| (Informant) Hrank Kuhinsun | Former or usual residence |
| (Address) Horsthung and | Allegans Cemet // 19, 101.6 |
| 16 Fledec /8, 198 5. 12 Conroy | 20 UNGERTAKER ADDRESS |
| If more blanks are needed, address State Registrar, 1 | 6 W. Saratoga St., Balto., Requesting V. S. No. 1. |



[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseis provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dcaler," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part At home. Care should be Locomolive engineer, If retired from without more (b) Auto-Cunl

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." suicide. The nature of the injury, as fracture of skull surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, lelanus) may be stated heod-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound of The contributory (secondary or intercur-State cause for which (Recommendations Never report mere



| State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Contributory Secondary (Signed) (Signed) (Signed) (Signed) (State the DISPASE CAUSING DEATH CAUSES, state (1) MEANS OF INJURY; a SULCIDAL OF HOMICIDAL OF RECENT RESIDENCE (FOR HOSPITA OF RECENT RESIDENCE) Al piece of death yes mes, de. Where west disease contracted, if not all place of death? | (b bus wh | floular kind of work General nature of industry iness, or establishment in ich employed (or employer) | (Burelio |
|---|-----------------|---|-----------------------------------|
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Signed) (Signed) (Signed) (Signed) (State the Disease Causing Death Causes, state (1) Means of Injury; a Suicidal or Homicidal. 18 Length of Residence (For Hospita OR RECENT RESIDENCE (For Hospita OR RECENT RESIDENCE) In of set all place of death Where was disease contrasted, if not all place of death? | 9 B(| RTHPLACE (State or country) | Secondary |
| IT BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 15 BIRTHPLACE OF MOTHER (State or country) 16 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENCE) In of death yrsmesds. Where was disease contracted, If not all place of death? | | | (Signed) |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS) All piece of death yrs. mes, de. Where was disease contracted, if not all place of death? | L | OF FATHER | *State the DISEASE CAUSING DEATH. |
| Is BIRTHPLACE. OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Al pisce of death yrs. mes, de. Where was disease contracted, if not al place of death? | AB | | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not al place of death? | | OF MOTHER' | OR RECENT RESIDENTS). |
| | 14 TI | HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | |
| | 16 | (Address) Company of the Control of | St Palsick |
| 16 DCCC7 1016 All Of St Palsick | File | DECZ 1 19 181 Man Just Line | 20 UNDERTAKER |

1 PLACE OF DEATH

² FULL NAME.

3 SEX

7 AGE

6 DATE OF BIRTH

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

It LESS than

1 day, hrs.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| 2 | a hospital or institution, give its NAME instead of street and number.] | | | | | |
|------------|--|--|--|--|--|--|
| | MEDICAL CERTIFICATE OF DEATH | | | | | |
| - | MEDICAL CERTIFICATE OF DEATH 16 OATE OF OEATH 17 I HEREBY CERTIFY, That I attended deceased from (Month) (10my) (Year) 18 that I last saw h alive on (1915) (191 | | | | | |
| = | MEDICAL CERTIFICATE OF DEATH 16 OATE OF OEATH (Month) (Month) (Dity) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Local | | | | | |
| - | | | | | | |
| | | | | | | |
| - | | | | | | |
| •• | | | | | | |
| | Contributory | | | | | |
| - | (Buralion) yrs. mos. ds. | | | | | |
| - | ## Its MAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH 16 OATE OF OEATH 17 | | | | | |
| - | *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, | | | | | |
| _ | OR RECENT RESIDENTS). All piece in the | | | | | |
| P C | Where was disease contracted, 'A | | | | | |
| | usual residenco | | | | | |
| | St Palrick Deex/ 28, 1914 | | | | | |
| | 20 UNDERTAKER ADDRESS | | | | | |

[Approved by U. S. Census and American Public Health
Association.]

write None. 6 yrs.). state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers employed, as At school or precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil ness of various pursuits can be known. The question tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tdanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. chopneumonia (seeondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... Struck by railway train-accident; Revolver wound birth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracinia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasins); Measles; Whooping "Anaemia" (name origin; "Caneer" is less definite; avoid use of Always qualify all diseases resulting from ehild-(merely symptomatic), "Atrophy, oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Puerperal septichacmia," State cause for which Never report mere "Atrophy," ("Con-



V. S. No. 1.

N. B.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

| Village or City Kesternfort (No | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred is a hospital or institution, give its NAME instead of street and number.] |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOROR RACE 5 SINGLE, MARRIED, MODUSED, WIDOWED, ORDIVORCED (IVrite the word) 5 DATE OF BIRTH Fish: 37, 1857 | 16 DATE OF DEATH (Mouth) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from 1917, to 1915. |
| 7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. 0 yrs. 9 mos ds. 0 mln.? | and that death occurred on the date stated above, at |
| OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF FATHER John Sheels 11 BIRTHPLACE OF FATHER (State or country) Kest Dirginia 12 MAIDEN NAME | (Signed) (Ogration) yrs mos ds. (Signed) (Address) (Address) (Signed) (Sig |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or |
| (Address) Monumery - Million - Milli | 19 PLACE OF BURIAL OF BEMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OF BEMOVAL 19 PLACE OF BURIAL OF BEMOVAL ADDRESS Franklin St., Balto, Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second gainfully employed, as At school or At home. Care minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Lucomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senilc," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil For persons who have no occupation whatever If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopncumonia ("Pneumonia," meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite)

chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, ctc. The contributory (secondary or intercurcough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemia," "Puenperal perilonitis," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound cause. Always qualify all diseases resulting from childcarbolic acid-probably



should OCCUPATION PHYSICIANS RECORD ٥٥ statement PERMANENT classified. D properly INK supplied. 90 UNFADING may that terms, plain Instructions = EATH WRITE See 0 OF Every Item CAUSE OF Important.

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVERCED (Write the word DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day hrs. OR min. ? SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

lif death occurred is a hospital or institution. give its NAME Instead of street and number.]

DATE OF BURIAL

AOORESS

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (1)av (Year) I HEREBY CERTIFY. That I attended deceased from and that desth occurred on the date stated above, st_____ The CAUSE OF DEATH* was as follows: (Duration) Contributory. Secondary *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ____ yrs. ___ __ mos. ____ ds. Stafe _____ yrs. ____ mos. __ Where was disease confracted. if not at place of death?. Former or

osual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

(Address) ...

16

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers ness of various pursults can be known. The question should be taken to report specifically the occupations minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter. applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Women at home, who are engaged in the (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgsepsis, tctanus) may be stated under the head mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgleal operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 25 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For Vio-



15

state Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. -Ward) statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED WIDOWED. (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from ciassified. (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work may be (b) General nature of industry. business, or establishment in (Duratico) which smployed (or smployer) -----9 BIRTHPLACE (State or country) Contributory. Secondary that 10 NAME OF FATHER 90 0 back terms. ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER 0 ABLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 2 13 BIRTHPLACE At place In the OF MOTHER DEATH (State or country of death State _ yrs. ... Where was disease contracted. 14 THE ABOVE IS OWLEDGE If not at place of death? Former or Every Item CAUSE OF Important. usual residence

1 PLACE OF DEATH

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAR

STATE OF MARYLAND

REMOVAL

[If death occurred la

1911

(Year)

......20m

DATE OF BURIAL

a hospital or institution. give its NAME Instead of street and comber.]

(Day

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canschsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puenperal septichacctc., when a definite disease can be ascertained as the ture of the American Medical Association.) by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measies (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PHYSICIANS t statement of

| | 00 | (I) |
|----|--|---|
| | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R | -Every item of information should be carefully supplied. AGE should be stated E should state CAUSE OF DEATH in plain terms, so that it may be properly class OCCUPATION is very important. See instructions on back of certificate. |
| | S | Mago |
| , | - | OEX |
| , | S | AHE |
| • | I | 7 8 5 |
| | 1 | thio |
| | X | DO ON |
| > | = | 2 .0 |
| | 5 | N S |
| | Z | 100 |
|) | AD | ns ns |
| 1 | 4 | 6 6 9 |
| 1 | 5 | 0 0 0 |
| | T | 2 2 |
| | - | PT |
| 7 | 3 | oF \$ |
| - | > | SAL |
| 1 | 1 | 202 |
| | - | F |
| - | 7 | E 0 7 |
| | - | FW > |
| 5 | H | is U.S. |
| | 8 | TOZ |
| | 3 | 000 |
| | | Fat |
| | | to St |
| | | 250 |
| | | OCO |
| ri | | Sh |
| - | | 1 |

00

ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... (If death occurred in Village or City Ward) a hospitat or institution. give its NAME instead of street and number. ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE 16 DATE OF GEATH 3 SEX 5 4 COLOR OR RACE MARRIED: WICOWEO OR OIVORCEO (Month) (Day) (Year) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than 1 day, hrs. The CAUSE OF DEATH * was as follows: mla. ? OR 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Durafion) 10 NAME OF FATHER M. 0 (Signed) 11 BIRTHPLACE RENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, (State or country) SUICIDAL OF HOMICIDAL. 12 MAIOEN NAME PA OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At pisce to the OF MOTHER of death Stato,yrs. (State or country) yrs.ds. Where was dissose contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE If not at place of death?. Former or usual residence DATE OF BURIAL (Address 16 ADORESS REGISTRA If more blanks are needed, address State Registrar, 16 W. Saratogs St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile fuctory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, business or industry, and therefore an additional line engineer, first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, Women at home, who are engaged in Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible birth or miscarriage as "Purational septicharmia," "Pubriebal perdondis," etc. State cause for which state means of injury and qualify as to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracinia," "Weakness, etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of ges, pertionaeum, etc., Carcinoma, Sarcoma, etc., of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, for malignant neoplasms); Measles; Whooping "Dropsy," "Exhaustion," ACCIDENTAL, unportant.



| eun | PLACE OF DEATH | u | 21084 | (10 |
|-----------|---|--------------|------------|---|
| Gun | | J | | |
| 'illa: | ge or City Comme | -a | (No. au | lega |
| | 2 FULL NAME 2 | home | s Ja | yle |
| | PERSONAL AND STA | TISTICAL P | ARTICULARS | |
| SE N | x 4 COLOR OR HA | WIDOW | ED, M- 1 | vner |
| DA | TE OF BIRTH | | F37.E | |
| | | nkn | (Day) , 19 | 843 |
| AG | E | (Month) | | (Your) ESS than |
| | 72 yrs | 298 , | | min. ? |
| par (b | CCUPATION) Trade, prefession, or ticular kind of work) General nature of industry tiness, or establishment in | Labo | ~~~ | |
| | ich empleyed (er empleyer) CA RTHPLACE (State or country) | C - | | *************************************** |
| | 10 NAME OF FATHER | n | " | |
| FINTS | 11 BIRTHPLACE OF FATHER (State or country) | 1(| 4 | |
| RE | 12 MAIDEN NAME OF MOTHER | n | 1 | |
| PAI | 13 BIRTHPLACE | | 11 | |
| 4 | (State or country) | 11 | | |

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUBRS, state (1) MRANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. ENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, re was disease contracted. . 1 OF BURIAL

STATE OF MARYLAND

Registration Dist. No.

(Month)

I HEREBY CERTIFY, That I attended deceased from

was as follows:

DEATH

(Day)

If death occurred in

a hospital or institution. give its NAME instead of street and number.

CERTIFICATE OF

MEDICAL CERTIFICATE OF DEATH

that death occurred on the date stated above.

ATE OF DEATH

If more blanks are needed, address State Registrar, 16 W. Salatoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. If the occupation has been changed business or industry, and therefore an additional line Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound of BUICINAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths birth or miscarriage as "Pubreperal septichaemia," "Pubreperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) "Anacmia" "Coma," (merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" "Dropsy," "Exhaustion," "Atrophy," "Colacid-probably important. ("Con-



50

SICIAN

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) ' rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or inclustry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question write None. Statement of Occupation-Precise statement of occupa-Coal mine, etc. Housework, or At Home, and children, not gainfully very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urarmia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," nephrilis, etc. The contributory (secondary or intercurcough; Chronic valuulur heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent Deaths "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be accertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning, cause. Always qualify all diseases resulting from childor miscarriage as "PUERPEHAL septicharmia," "Coma," The nature of the injury, as fracture of skull "Senile," etc.), "Convulsions," "Dropsy," "Exhaustion," wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DAPE ALL

stated EXACTLY. PHYSICIANS RECORD be properly classified. 3 SEX 4 COLOR OR RACE A PERMANENT BINDING Every item of information should be carefully supplied. AGE should be stabuld state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate. 6 DATE OF BIRTH 7 AGE AGE 2 FOR THIS OCCUPATION
(a) Trade, prefession, er ERVED INK particular kind of work (b) General nature of industry business, or establishment in UNFADING which employed (or employer 9 BIRTHPLACE (State or country) RES 10 NAME OF WITH MARGIN PARENTS OF FATHER (State or country) PLAINLY, 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE WRITE (State or country) 15

1 PLACE OF DEATH

| 21086 | |
|--|-------------------------|
| (2) | |
| Lund No. 1/8 2, E | |
| the Thom | pson |
| ICAL PARTICULARS | |
| MARRIED, MANUS OR SIVORGED (Write the word) | 16 DATE OF D |
| (Year) (Year) | that I last si |
| If LESS than 1 day, hrs. OR min.? | and that dea |
| | m |
| -0.1.16 | f. fall of the state of |

| STATE OF N | MARYLAND |
|---|--|
| CERTIFICATE | OF DEATH |
| Registration | Dist. No. |
| St.; Ward) | [If death occurred in a hespital or institution, give its NAME instead of street and number.] |
| MEDICAL CERTIFICAT | E OF DEATH |
| DATE OF DEATH | |
| DATE OF DEATH C _ (Mon | , 1 71.1 |
| Dic / 1915, to | Occ 10 1915 |
| at I last saw h LV alive on D | |
| d that death occurred on the date | stated above, at 830 Pm. |
| e CAUSE OF DEATH * was as fo | lows: |
| Miscarriage | due to |
| magerna & Dome " | |
| Contributory Septic Pe | ritoritis |
| Secondary | 3 |
| nod) IRBund | i) from mos do. |
| Dec 11 1815 (Addross) (CC | imburland |
| *State the Disease Causing Drath, Causes, state (1) Means of Injury; a Suicidal or Homicidal. | |
| ENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS) | |
| P10-10 | the |
| death | itale,yrs |
| mor er | |

| | COLOIDAD OF THUMPOUNDS | | |
|---|--|---------------------------------|---------------|
| | 18 LENGTH OF RESIDENCE (FOR HOLOR RECENT RESIDENTS) | SPITALS, INSTITUTIONS, TRANSIEN | TO, |
| | At mises | In the | |
| , | of deathyrsdc. Where wee disease contracted, If not at place of death? | State,yrsmes | , ć e, |
| | Former or neutral residence | | |
| | 19 51 105 05 5115111 05 55110111 | 0.75 05 010141 | |

| 18 | PLACE | OF | BURIAL | OR | REM | OVAL A | |
|----|-------|----|--------|----|-----|--------|------|
| | 10 | | . , , | 1 | | // | / |
| 1 | 102 | 1 | Ha | 1 | 1 | 260 | no |
| 2 | | | - | | | | ZKQ. |

(Signed)

UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

m

ż

[Approved by U. S. Census and American Public Health Association.]

is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," business or industry, and therefore an additional line write None. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," I. Lobar pneumonia, Bronchopneumonia ("Pneumonia," meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deates etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convu genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from child-The eontributory (secondary or intercurby carbolic acid—probably "Dropsy," "Exhaustion," important.



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING « FOR 3 INK-THIS RESERVED WRITE PLAINLY, WITH UNFADING MARGIN V. S. No. 1.

| 1 | PLACE OF DEATH 21087 | STATE OF MARYLAND |
|---|--|--|
| | County allegans | CERTIFICATE OF DEATH |
| | | Registration Dist. No. |
| | Village or City Cumberlind (No/1/2), 2 FULL NAME Stillforn Forms | St.; Ward) [If death accurred in a hespital or institution, give its NAME instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| | G DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended deceased from |
| | 7 AGE (Month) (Day) (Yoar) 7 AGE (Bay) (Yoar) 1 day, krs. OR min.? | that I last saw halive on |
| | S OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of ledustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) | (Berstiss) prs. mes ds. Contributory Secondary |
| | 10 NAME OF FATHER WC Montpoon. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Infermant) (Address) (Address) | (Signed) (Signed) (Signed) (State the Dibease Causing Drath, or, in deaths from Violent Caubers, state (1) Means of Injuet; and (2) whether Accedental, Suicidal or Homicidal. (Signed) (State the Dibease Causing Drath, or, in deaths from Violent Caubers, state (1) Means of Injuet; and (2) whether Accedental, Suicidal or Homicidal. (Signed) (State the Dibease Causing Drath, or, in deaths from Violent Caubers, state (2) whether Accedental, Suicidal or Residental, institutions, Transients, or Recent Residents (Signed) (Signed) (Signed) (State the Dibease Causing Drath, or, in deaths from Violent Caubers, state (2) whether Accedental, Suicidal or Residents, institutions, Transients, or Recent Residents, in the state of the state o |
| | Filed Dec 3 , 191 That William PEGIETRAN If more blanks are needed, address State Registrar, | 20 UNDERTAKER ADDRESS 16 W. Saratoga St., Balto,, Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in But in many cases, If retired from

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

lapse," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular hourt disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic). "Atrophy." "Col-Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by birth or miscarriage as "Puerperal septichaemia," "Puerperal perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coma," (merely symptomatic), The contributory (secondary or intercury symptomatic), "Atrophy," "Col-"Convulsions," "Debility" ("Concarbolic acid-probably important. wound of



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

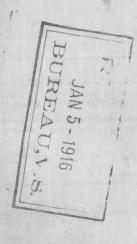
| | PLACE OF DEATH 21088 | STATE OF MARYLAND |
|--------|--|--|
| | 2010 - 11 | CERTIFICATE OF DEATH |
| C | ounty aug | Pediatrotian Diet No. |
| | Fronta - | Registration Dist, No |
| ٧ | iliage or City (No, | St.; Ward) [If death occurred in a hospital or institution, give its NAME instead |
| | Troply NIIII | of streef and number.] |
| | 2FULL NAME TO COLOR | |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 51 | EX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH AG P |
| | 76 WIDOWED, WARKED | (Month) (Day) (Year) |
| | (Write the word) | 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 D | ATE OF BIRTH GAM # 1839 | DEC - 1914 to DEC 7 - 1915 |
| | 105-1- | that I last saw hum allve on Ste 7 1915 |
| - | (Month) (Day) (Year) | |
| TA | GE 1 LESS that 1 day,, hrs. | and that death occurred on the date stated above, atm, |
| | / wrs. mos. ds. OR min.? | The CAUSE OF DEATH * was as follows: |
| 60 | CCUPATION PO 1 211 | - Ood Rlefy |
| A (# | Trade, profession, or A oal Willer | |
| | rficuler kind of work. | |
| | Beneral nature of Industry, iness, or establishment in | (Durafion)yrs. mos de |
| | ich employed (or employer) | arton velo - 5 |
| 9 B | IRTHPLACE (tate or country) England | (Secondary) (Duration) (Dura |
| | 10 NAME OF FATHER STORY June Works | (Signed) Substitute , M. D. |
| TS | 11 BIRTHPLACE OF FATHER | DEEN, 1915 (Address) Troretrug. |
| N N | (State or country) | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| PARENT | 12 MAIDEN NAME Mary Mallow | 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORTED |
| | 13 BIRTHPLACE OF MOTHER (State or country) | OR RECENT RESIDENTS) Af place In the of death yrs mos ds. State yrs mos ds |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, |
| | | If not at place of death? |
| | (Informant) | usual residence |
| | (Address) | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 | (AUDICOS) | Frostburg, Md Dull 1915 |
| | Dog 10 .5 1) 11 (mrues | 20 UNDERTAKER ADDRESS |
| Fi | REGISTIPAR | Cocal Hales Hotel all |
| | If more bianks are needed, address State Regis trar, 6 | Franklin St. Polto Boundary V. O. V. |
| | Jan 2010 blands at 0 modern indicate litely 0 | requesting v. B. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, But in many (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia Injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puepperal peritonitis," etc. State cause for cblidbirth or miscarriage, as "Furrement scottchace cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Traemia," "Weakness," genital," "Senile." ctc.), "Dropsy," "Exhaustion," "Heart fallure," "Haemorrbage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As ture of the American Medical Association.) scpsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." Bronchonneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of (name origin; "Candeath), 29 ds. Examples:



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hespital of institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH 16 DATE OF GEATH (Month) CERTIFY, That I attended deceased from Z / yrs. 4 (Berstion) Contributory Secondary (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. SUICIDAL OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, OR RECENT RESIDENTS) Where was diseses contracted. usual rasidance PLACE OF BURIAL OR REMOVAL DATE OF 20 UNDERTAKER AODRESS

[Approved by U. S. Census and American Public Health Association.]

business or industry, and therefore an additional line or given up on account of the DISEASE CAUSING DEATH, mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. nese of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" "Coma," (merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Atrophy," acid-probably ("Con-



V. S. No. 1.

N.B.

| PLACE OF DEATH 21090 County Collyany Village or City Moscow Mills (No. , | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hespital or institution, give its NAME instead of streef and number.] |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCEO (Witte the word) 5 OATE OF BIRTH (Month) (Day) (Year) 7 AGE 1 If LESS than 1 day, hrs. 9 OCCUPATION OF Irade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) | 18 DATE OF OEATH (Month) (I) (Year) 17 I HEREBY CERTIFY, That I attended deceased from ,191, to ,191 that I last saw h alive on, 191 and that death occurred on the date stated above, at m The CAUSE OF DEATH * was as follows: (Burallon) yis mos di |
| 10 NAME OF FATHER POWER POUNTING 11 BIRTHPLACE OF FATHER (State or country) Scotland 12 MAIOEN NAME OF MOTHER HUMAN HANDRY 13 BIRTHPLACE OF MOTHER (State or country) Many fund 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MARKET Principal (Address) 16 Filed Sec 22 , 1912 S. A. Briche REGISTRAR | (Signed) (Signed) State the Dispase Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (B LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIONNES) Al place of death yis. mes. ds. State, yis. mee. de Where was disease contracted, if not at place of death? Former er Useal residence 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL OVERLIGHT 20 UNDERTAKER ADORESS |



[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, engaged in domestic service for wages, as Servant, Cook, employed, as At school or precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has heen changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully mobile factory. The material worked on may form part engineer, write Nonc. Coal mine, etc. Statement of Occupation-Precise statement of occupa-Stationary fireman, etc. But in many cases, Women at home, who are engaged in At home. Care should be If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Bronchopneumonia ("Pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urasmia," "Weakness," cough; Chronic volvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, Or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For VIOLENT DEATHS "Ansemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-(name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be accertained as the on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; or miscarriage as "Puenperal septichaemia," by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion,"



If more blanks are needed, address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

PLACE OF DEATH

Z

[Approved by U. S. Census and American Public Health Association.]

know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton For many occupations a single word or term on the employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer, mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronsuicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound or miscarriage as "Puerperal septichaemia,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Borres 2: 6. daw Cury 12. 33

In authorization see

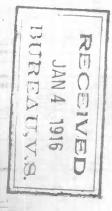
[Approved by U. S. Census and American Public Health Association.]

know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the the duties of the household only (not paid Housekeepers business or industry, and therefore an additional line write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in the second statement. Never return "Laborer," For persons who have no occupation whatever, If the occupation has been changed If retired from without more (b) Auto-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemie cerebrotime and eausation), using always the same accepted CAUSING DEATH (the primary affection with respect to Typhoid fever (never report "Typhoid unqualified, is indefinite); Tuberculosis of lungs, meninterm for the same disease. Statement of Cause of Death-Name, first, the DISEASE pneumonia, Bronchopneumonia Examples: ("Pneumonia, pneumonia"); Cerebrospinal

> ges, perilonaeum, ctc., Carcinoma, Sarcoma, etc., of..... "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of eause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Anaemia" or miscarriage as "Puerperal septichaemia," iia" (merely symptomatic), "Atrophy," "Coma," "Convulsions," "Debility" The contributory (secondary or intercur-"Atrophy," "Exhaustion," acid-probably ACCIDENTAL, important. ("Con-

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-



S. No. 1.

N.B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. The DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD A PERMANENT PLAINLY, WITH UNFADING INK-THIS IS -Every Item of information should be CAUSE OF DEATH in plain terms, s important. See instructions on back o WRITE

| PLACE OF DEATH |
|----------------|
|----------------|

County allegany



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

| S | t.; | W | ard) |
|-------|-----|---|------|

[If death occurred la a hospital or institution, give Its NAME Instead of street and number. 1

| FULL NAME James / Cell | While |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4 COLOR OR RACE 5 SINGLE, MARRIED, Married Wilsowed, or Divorced (Write the word) | 16 DATE OF DEATH December 12, 1915 (Month) (Day (Year) |
| 6 DATE OF BIRTH July 6 (Month) (Day (Year) | that I last saw him alive on December 11 1915. |
| 7 AGE 49 yrs 5 mos 6 ds OR min.? | and that death occurred on the date stated above, at 10,30 Å. m, The CAUSE OF DEATH* was as follows: |
| (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) | (Duration) yrs / 6 mos. ds. |
| 9 BIRTHPLACE (State or country) Nova Scotia | Contributory Secondary (Doration) yrs mos ds |
| 10 NAME OF FATHER PORT White 11 BIRTHPLACE OF FATHER (State or country) Scotland 12 MAIDEN NAME OF MOTHER OF MOTHER | (Signed) M. J. M. Q. Q. Q. Q. D. D. C. (Address) Willowd-U.S. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| of Mother and Mc Koy 13 BIRTHPLACE OF MOTHER (State or country) Scotlered 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, INSTI |
| (Informant) Glisson W hite (Address) Gilmon- Wed. | Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Lonecaring Md. Dec. 14, 1985. |
| Filed Fraby 12, 1915 AlChaeles REGISTRAR | 20 UNDERTAKER, ADDRESS MESICHON LONGON |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Tuerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehacete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioample: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; Never report



21093

| STATE OF MARY | YLAND |
|---|--|
| CERTIFICATE OF | DEATH |
| Registration Dist. | No. 9 |
| St; Ward) | [if death occurred in a hospital or institution, give its NAME instead of street and number.] |
| MEDICAL CERTIFICATE OF | DEATH |
| EATH /2 (Month) | 2 J-, 191 J- |
| REBY CERTIFY, That I atter | |
| w h alive on Jee | 1915, |
| th occurred on the date state OF DEATH * was as follows | |
| | |
| len Soler | 22 |
| Burelion) | yro, moo do. |
| (Bure iten) | утв |
| 1/ | ulfany |
| the DISEASE CAUSING DEATH, or, in the (1) MEANS OF INJUEY; and (2) HOMICIDAL. | deaths from VIOLENT whether Accidental |
| RESIDENCE (FOR HOSPITALS, IN | STITUTIONS, TRANSIENTS, |
| ede. Siste, | yremoede. |

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. οŝ

BINDING

FOR

ESERVED

MARGIN

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may he entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton husiness or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housemaid, etc. If the occupation has heen changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons mobile factory. write None. Statement of Occupation-Precise statement of occupa--Coal mine, etc. The material worked on may form part Women at home, who are engaged in (b) Auto-

Statement of Cause of Beath—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convulsions," "Dchility" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved hy Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which hirth or miscarriage as "Puerperal scptichaemia," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anacmia" (merely symptomatic), "Atrophy," "Colchopneumonia (secondary), 10 ds. rent) affection need not be stated unless important (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," "Exhaustion," Never report mere ("Con-





[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," The material worked on may form part Women at home, who are engaged in But in many eases,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... Struck by railway train-accident; Revolver SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), on statement of eause of death approved by Committee or misearriage as "PUERPERAL seplichaemia," The contributory (secondary or intercur-"Dropsy," "Exhaustion," wound of



-Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of A PERMANENT RECORD INK-THIS IS PLAINLY, WITH UNFADING WRITE No. 0 เก ż

BINDING

FOR

RESERVED

MARGIN

| Coun | PLACE OF DEATH 21095 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. |
|-----------|---|---|
| Villag | go or City Comperland Hest P | Hol Hosp St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SE | * COLOR OR HACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended 4 ceased from |
| 7 AG | June 11, 1894 (Month) (Day) (Yoar) | that I last saw h wallve on Le 8th 1915, and that death occurred on the date stated above, at 2 351 %. |
| | 20 yrs 5 mes 27 ds or min.? | The CAUSE OF DEATH * was as follows: |
| (a par | CCUPATION 1) Trade, prefession, or ritcular kind of work 1) General nature of industry siness, or establishment in the inches of the employed (or employer) | Microsy-Pricide Gerotion pro 1000 40. |
| | (State or country) Mol | Contributory Marma - (White) Secondary |
| RENTS | 10 NAME OF YEARY Winterstein 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | *State the DISTABLE CAUSING DRATH, or, in deaths from VIOLENT CAUSERS, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICITIAL or I HOMICIDAL. |
| PA | 13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece In the State, |
| 14 TI | (Informant) Hour To the BEST OF MY KNOWLEDGE | Former or usual residence Leafung Manual residence |
| 15 Fil | (Address) Aircyal St. 72 DEC 10 1915191 Max Violtus FEGIOTRAR If more blanks are needed, address State Registrar, | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ROSE HELL CELL DE 1915 |

[Approved by U. S. Census and American Public Health Association.]

mill; (a) Salcsman, (b) Grocery; (a) Foreman, cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulemployed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer, mobile factory. The material worked on may form part business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever, If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

rent) affection need not be stated unless ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the genital," "Scnile," etc.), "Anacmia" on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned "PUERPERAL peritonitis," etc. State cause for which nia" (merely symptomatic), "Atrophy," "Coma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," "Exhaustion," by carbolic Never report mere "Atrophy," "Colacid-probably important. ("Con-



τά

Z

OCCUPATION PHYSICIANS RECORD 0 PERMANENT EXACTLY. cisssified. INK-THIS properly ***** UNFADING may 80 0 bsck should pisin Instructions Information = ۵, EATH See OF Important. CAUSE 1

should

21096 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Village or City. Ward) a hospital or institution, give its NAME Instead of street and number.] FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH BEX 4 COLOR OR RACE S SINGLE. 18 DATE OF DEATH -MARRIED, 191 WIDOWED. (Month) (Dav (Year) Write the word) I HEREBY CERTIFY, That I sttended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated shove, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) State or country) Contributory Secondary (Daration) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE 6 5 1910 (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs.__ Where was disease contracted. OF MY KNOWLEDGE If not at place of death?-Former or (Informant). usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS REGISTRAF

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the ocenpations Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Thysician, Compositor, Architect, Locomolive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatie), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably IENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioehildbirth or misearriage as "Puerperal septichae cte., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State eause for



1 PLACE OF DEATH

| Village or City Embedded (No. 16, 2) 2 FULL NAME Samanthy 3 | Registration Dist. No. St.; Ward) [If death occorred in a hospital or institution, give its NAME instead of street and number.] |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| TAGE Widowed OR DIVORCES (Write the cord mcg) Glonchy (Day) (Yoar) TAGE TAGE TAGE TAGE TO AGE TO AGE | (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from D.C. 2 191.5, to 191.7, that I last saw h Prairie on D.C. 3 191.7, and that death occurred on the date stated above, at 45 m. The CAUSE OF DEATH * was as follows: (Burstlen) Tree Mose Contributory Secondary (Burstlen) Tree Mose Causing Dratif, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) | OR RECENT RESIDENTS) At place In the set of death |

[Approved by U. S. Census and American Public Health
Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housewrite None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part As examples: (a) Spinner, (b) Cotton Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lohar metumonia. Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent Deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal perilonitis," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia;" chopneumenia (secondary), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations to determine definitely. etc., when a definite disease can be ascertained as the Always qualify all diseases resulting from child-The contributory (secondary or intercur-Examples: Accidental drowning; , 10 ds. "Dropsy," "Exhaustion," Never report mere important.

